

# 837 Health Care Claim: Professional

Functional Group ID=**HC**

## Introduction:

This Draft Standard for Trial Use contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment responsibilities where coordination of benefits is required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment. For purposes of this standard, providers of health care products or services may include entities such as physicians, hospitals and other medical facilities or suppliers, dentists, and pharmacies, and entities providing medical information to meet regulatory requirements. The payer refers to a third party entity that pays claims or administers the insurance product or benefit or both. For example, a payer may be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), etc.) or an entity such as a third party administrator (TPA) or third party organization (TPO) that may be contracted by one of those groups. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific health care/insurance industry segment.

## Notes:

The 837 transaction is designed to transmit one or more claims for each billing provider. The hierarchy of the looping structure is billing provider, subscriber, patient, claim level, and claim service line level. Billing providers who sort claims using this hierarchy will use the 837 more efficiently because information that applies to all lower levels in the hierarchy will not have to be repeated within the transaction.

This standard is also recommended for the submission of similar data within a pre-paid managed care context. Referred to as capitated encounters, this data usually does not result in a payment, though it is possible to submit a "mixed" claim that includes both pre-paid and request for payment services. This standard will allow for the submission of data from providers of health care products and services to a Managed Care Organization or other payer. This standard may also be used by payers to share data with plan sponsors, employers, regulatory entities and Community Health Information Networks.

This standard can, also, be used as a transaction set in support of the coordination of benefits claims process. Additional looped segments can be used within both the claim and service line levels to transfer each payer's adjudication information to subsequent payers.

## Heading:

Page No.	Pos. No.	Seg. ID	Name	Req. Des.	Max.Use	Loop Repeat	Notes and Comments
17	005	ST	Transaction Set Header	M	1		
18	010	BHT	Beginning of Hierarchical Transaction	M	1		
20	015	REF	Transmission Type Identification	O	1		
LOOP ID - 1000A						1	
21	020	NM1	Submitter Name	O	1		
23	025	N2	Additional Submitter Name Information	O	1		
Not Used	030	N3	Address Information	O	1		
Not Used	035	N4	Geographic Location	O	1		
Not Used	040	REF	Reference Identification	O	1		
24	045	PER	Submitter EDI Contact Information	O	2		

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			LOOP ID - 1000B		1
26	020	NM1	Receiver Name	O	1
28	025	N2	Receiver Additional Name Information	O	1
Not Used	030	N3	Address Information	O	1
Not Used	035	N4	Geographic Location	O	1
Not Used	040	REF	Reference Identification	O	1
Not Used	045	PER	Administrative Communications Contact	O	1

### Detail:

Page No.	Pos. No.	Seg. ID	Name	Req. Des.	Max.Use	Loop Repeat	Notes and Comments
			LOOP ID - 2000A			>1	
29	001	HL	Billing/Pay-to Provider Hierarchical Level	M	1		
31	003	PRV	Billing/Pay-to Provider Specialty Information	O	1		
Not Used	007	PAT	Patient Information	O	1		
33	010	CUR	Foreign Currency Information	O	1		
			LOOP ID - 2010AA			1	
35	015	NM1	Billing Provider Name	O	1		
37	020	N2	Additional Billing Provider Name Information	O	1		
38	025	N3	Billing Provider Address	O	1		
39	030	N4	Billing Provider City/State/ZIP Code	O	1		
40	035	REF	Billing Provider Secondary Identification	O	8		
42	035	REF	Credit/Debit Card Billing Information	O	8		
44	040	PER	Billing Provider Contact Information	O	2		
			LOOP ID - 2010AB			1	
46	015	NM1	Pay-to Provider Name	O	1		
48	020	N2	Additional Pay-to Provider Name Information	O	1		
49	025	N3	Pay-to Provider Address	O	1		
50	030	N4	Pay-to Provider City/State/ZIP Code	O	1		
51	035	REF	Pay-to-Provider Secondary Identification	O	5		
Not Used	040	PER	Administrative Communications Contact	O	1		

### Detail:

Page No.	Pos. No.	Seg. ID	Name	Req. Des.	Max.Use	Loop Repeat	Notes and Comments
			LOOP ID - 2000B			>1	
53	001	HL	Subscriber Hierarchical Level	M	1		
55	005	SBR	Subscriber Information	O	1		
58	007	PAT	Patient Information	O	1		
Not Used	009	DTP	Date or Time or Period	O	2		
Not Used	010	CUR	Currency	O	1		
			LOOP ID - 2010BA			1	
60	015	NM1	Subscriber Name	O	1		
62	020	N2	Additional Subscriber Name Information	O	1		
63	025	N3	Subscriber Address	O	1		
64	030	N4	Subscriber City/State/ZIP Code	O	1		
65	032	DMG	Subscriber Demographic Information	O	1		
67	035	REF	Subscriber Secondary Identification	O	4		
69	035	REF	Property and Casualty Claim Number	O	1		
Not Used	040	PER	Administrative Communications Contact	O	1		

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			LOOP ID - 2010BB		1
70	015	NM1	Payer Name	O	1
72	020	N2	Additional Payer Name Information	O	1
73	025	N3	Payer Address	O	1
74	030	N4	Payer City/State/ZIP Code	O	1
75	035	REF	Payer Secondary Identification	O	3
Not Used	040	PER	Administrative Communications Contact	O	1
			LOOP ID - 2010BC		1
77	015	NM1	Responsible Party Name	O	1
79	020	N2	Additional Responsible Party Name Information	O	1
80	025	N3	Responsible Party Address	O	1
81	030	N4	Responsible Party City/State/ZIP Code	O	1
Not Used	035	REF	Reference Identification	O	5
Not Used	040	PER	Administrative Communications Contact	O	1
			LOOP ID - 2010BD		1
82	015	NM1	Credit/Debit Card Holder Name	O	1
84	020	N2	Additional Credit/Debit Card Holder Name Information	O	1
Not Used	025	N3	Address Information	O	1
Not Used	030	N4	Geographic Location	O	1
85	035	REF	Credit/Debit Card Information	O	2
Not Used	040	PER	Administrative Communications Contact	O	1
			LOOP ID - 2300		100
86	130	CLM	Claim Information	O	1
93	135	DTP	Date - Order Date	O	1
94	135	DTP	Date - Initial Treatment	O	1
95	135	DTP	Date - Referral Date	O	1
96	135	DTP	Date - Date Last Seen	O	1
97	135	DTP	Date - Onset of Current Illness/Symptom	O	1
98	135	DTP	Date - Acute Manifestation	O	5
99	135	DTP	Date - Similar Illness/Symptom Onset	O	10
100	135	DTP	Date - Accident	O	10
101	135	DTP	Date - Last Menstrual Period	O	1
102	135	DTP	Date - Last X-ray	O	1
103	135	DTP	Date - Estimated Date of Birth	O	1
104	135	DTP	Date - Hearing and Vision Prescription Date	O	1
105	135	DTP	Date - Disability Begin	O	5
106	135	DTP	Date - Disability End	O	5
107	135	DTP	Date - Last Worked	O	1
108	135	DTP	Date - Authorized Return to Work	O	1
109	135	DTP	Date - Admission	O	1
110	135	DTP	Date - Discharge	O	1
111	135	DTP	Date - Assumed and Relinquished Care Dates	O	2
Not Used	140	CL1	Claim Codes	O	1
Not Used	145	DN1	Orthodontic Information	O	1
Not Used	150	DN2	Tooth Summary	O	35
112	155	PWK	Claim Supplemental Information	O	10
115	160	CN1	Contract Information	O	1
Not Used	165	DSB	Disability Information	O	1

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Not Used	170	UR	Peer Review Organization or Utilization Review	O	1
117	175	AMT	Credit/Debit Card Maximum Amount	O	1
118	175	AMT	Patient Amount Paid	O	1
119	175	AMT	Total Purchased Service Amount	O	1
120	180	REF	Service Authorization Exception Code	O	1
122	180	REF	Mandatory Medicare (Section 4081) Crossover Indicator	O	1
124	180	REF	Mammography Certification Number	O	1
125	180	REF	Prior Authorization or Referral Number	O	2
127	180	REF	Original Reference Number (ICN/DCN)	O	1
129	180	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	O	3
131	180	REF	Repriced Claim Number	O	1
132	180	REF	Adjusted Repriced Claim Number	O	1
133	180	REF	Investigational Device Exemption Number	O	1
134	180	REF	Claim Identification Number for Clearing Houses and Other Transmission Intermediaries	O	1
136	180	REF	Ambulatory Patient Group (APG)	O	4
137	180	REF	Medical Record Number	O	1
138	180	REF	Demonstration Project Identifier	O	1
139	185	K3	File Information	O	10
141	190	NTE	Claim Note	O	1
142	195	CR1	Ambulance Transport Information	O	1
144	200	CR2	Spinal Manipulation Service Information	O	1
Not Used	205	CR3	Durable Medical Equipment Certification	O	1
Not Used	210	CR4	Enteral or Parenteral Therapy Certification	O	3
Not Used	215	CR5	Oxygen Therapy Certification	O	1
Not Used	216	CR6	Home Health Care Certification	O	1
Not Used	219	CR8	Pacemaker Certification	O	1
150	220	CRC	Ambulance Certification	O	3
153	220	CRC	Patient Condition Information: Vision	O	3
155	220	CRC	Homebound Indicator	O	1
156	231	HI	Health Care Diagnosis Code	O	1
Not Used	240	QTY	Quantity	O	10
162	241	HCP	Claim Pricing/Repricing Information	O	1
LOOP ID - 2305					6
165	242	CR7	Home Health Care Plan Information	O	1
166	243	HSD	Health Care Services Delivery	O	3
LOOP ID - 2310A					2
169	250	NM1	Referring Provider Name	O	1
171	255	PRV	Referring Provider Specialty Information	O	1
172	260	N2	Additional Referring Provider Name Information	O	1
Not Used	265	N3	Address Information	O	1
Not Used	270	N4	Geographic Location	O	1
173	271	REF	Referring Provider Secondary Identification	O	5
Not Used	275	PER	Administrative Communications Contact	O	1
LOOP ID - 2310B					1
175	250	NM1	Rendering Provider Name	O	1
177	255	PRV	Rendering Provider Specialty Information	O	1
178	260	N2	Additional Rendering Provider Name Information	O	1

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Not Used	265	N3	Address Information	O	1
Not Used	270	N4	Geographic Location	O	1
179	271	REF	Rendering Provider Secondary Identification	O	5
Not Used	275	PER	Administrative Communications Contact	O	1
LOOP ID - 2310C					1
181	250	NM1	Purchased Service Provider Name	O	1
Not Used	255	PRV	Provider Information	O	1
Not Used	260	N2	Additional Name Information	O	1
Not Used	265	N3	Address Information	O	1
Not Used	270	N4	Geographic Location	O	1
183	271	REF	Purchased Service Provider Secondary Identification	O	5
Not Used	275	PER	Administrative Communications Contact	O	1
LOOP ID - 2310D					1
185	250	NM1	Service Facility Location	O	1
Not Used	255	PRV	Provider Information	O	1
187	260	N2	Additional Service Facility Location Name Information	O	1
188	265	N3	Service Facility Location Address	O	1
189	270	N4	Service Facility Location City/State/ZIP	O	1
190	271	REF	Service Facility Location Secondary Identification	O	5
Not Used	275	PER	Administrative Communications Contact	O	1
LOOP ID - 2310E					1
192	250	NM1	Supervising Provider Name	O	1
Not Used	255	PRV	Provider Information	O	1
194	260	N2	Additional Supervising Provider Name Information	O	1
Not Used	265	N3	Address Information	O	1
Not Used	270	N4	Geographic Location	O	1
195	271	REF	Supervising Provider Secondary Identification	O	5
Not Used	275	PER	Administrative Communications Contact	O	1
LOOP ID - 2320					10
197	290	SBR	Other Subscriber Information	O	1
201	295	CAS	Claim Level Adjustments	O	5
206	300	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1
207	300	AMT	Coordination of Benefits (COB) Approved Amount	O	1
208	300	AMT	Coordination of Benefits (COB) Allowed Amount	O	1
209	300	AMT	Coordination of Benefits (COB) Patient Responsibility Amount	O	1
210	300	AMT	Coordination of Benefits (COB) Covered Amount	O	1
211	300	AMT	Coordination of Benefits (COB) Discount Amount	O	1
212	300	AMT	Coordination of Benefits (COB) Per Day Limit Amount	O	1
213	300	AMT	Coordination of Benefits (COB) Patient Paid Amount	O	1
214	300	AMT	Coordination of Benefits (COB) Tax Amount	O	1
215	300	AMT	Coordination of Benefits (COB) Total Claim Before Taxes Amount	O	1
216	305	DMG	Subscriber Demographic Information	O	1
217	310	OI	Other Insurance Coverage Information	O	1
Not Used	315	MIA	Medicare Inpatient Adjudication	O	1
219	320	MOA	Medicare Outpatient Adjudication Information	O	1

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			LOOP ID - 2330A			1
221	325	NM1	Other Subscriber Name	O	1	
223	330	N2	Additional Other Subscriber Name Information	O	1	
224	332	N3	Other Subscriber Address	O	1	
225	340	N4	Other Subscriber City/State/ZIP Code	O	1	
Not Used	345	PER	Administrative Communications Contact	O	1	
Not Used	350	DTP	Date or Time or Period	O	2	
227	355	REF	Other Subscriber Secondary Identification	O	3	
			LOOP ID - 2330B			1
229	325	NM1	Other Payer Name	O	1	
231	330	N2	Additional Other Payer Name Information	O	1	
Not Used	332	N3	Address Information	O	1	
Not Used	340	N4	Geographic Location	O	1	
232	345	PER	Other Payer Contact Information	O	2	
234	350	DTP	Claim Adjudication Date	O	1	
235	355	REF	Other Payer Secondary Identifier	O	2	
237	355	REF	Other Payer Prior Authorization or Referral Number	O	2	
238	355	REF	Other Payer Claim Adjustment Indicator	O	2	
			LOOP ID - 2330C			1
240	325	NM1	Other Payer Patient Information	O	1	
Not Used	330	N2	Additional Name Information	O	1	
Not Used	332	N3	Address Information	O	1	
Not Used	340	N4	Geographic Location	O	1	
Not Used	345	PER	Administrative Communications Contact	O	1	
242	355	REF	Other Payer Patient Identification	O	3	
			LOOP ID - 2330D			2
244	325	NM1	Other Payer Referring Provider	O	1	
Not Used	330	N2	Additional Name Information	O	1	
Not Used	332	N3	Address Information	O	1	
Not Used	340	N4	Geographic Location	O	1	
Not Used	345	PER	Administrative Communications Contact	O	1	
246	355	REF	Other Payer Referring Provider Identification	O	3	
			LOOP ID - 2330E			1
248	325	NM1	Other Payer Rendering Provider	O	1	
Not Used	330	N2	Additional Name Information	O	1	
Not Used	332	N3	Address Information	O	1	
Not Used	340	N4	Geographic Location	O	1	
Not Used	345	PER	Administrative Communications Contact	O	1	
250	355	REF	Other Payer Rendering Provider Secondary Identification	O	3	
			LOOP ID - 2330F			1
252	325	NM1	Other Payer Purchased Service Provider	O	1	
Not Used	330	N2	Additional Name Information	O	1	
Not Used	332	N3	Address Information	O	1	
Not Used	340	N4	Geographic Location	O	1	
Not Used	345	PER	Administrative Communications Contact	O	1	
254	355	REF	Other Payer Purchased Service Provider Identification	O	3	
			LOOP ID - 2330G			1

## DRAFT

256	325	NM1	Other Payer Service Facility Location	O	1
Not Used	330	N2	Additional Name Information	O	1
Not Used	332	N3	Address Information	O	1
Not Used	340	N4	Geographic Location	O	1
Not Used	345	PER	Administrative Communications Contact	O	1
258	355	REF	Other Payer Service Facility Location Identification	O	3
LOOP ID - 2330H					1
260	325	NM1	Other Payer Supervising Provider	O	1
Not Used	330	N2	Additional Name Information	O	1
Not Used	332	N3	Address Information	O	1
Not Used	340	N4	Geographic Location	O	1
Not Used	345	PER	Administrative Communications Contact	O	1
262	355	REF	Other Payer Supervising Provider Identification	O	3
LOOP ID - 2400					50
264	365	LX	Service Line	O	1
265	370	SV1	Professional Service	O	1
Not Used	375	SV2	Institutional Service	O	1
Not Used	380	SV3	Dental Service	O	1
Not Used	382	TOO	Tooth Identification	O	32
271	385	SV4	Prescription Number	O	1
Not Used	400	SV5	Durable Medical Equipment Service	O	1
Not Used	405	SV6	Anesthesia Service	O	1
Not Used	410	SV7	Drug Adjudication	O	1
Not Used	415	HI	Health Care Information Codes	O	25
Not Used	415	HI	Health Care Information Codes	O	25
Not Used	420	PWK	Paperwork	O	1
273	420	PWK	DMERC CMN Indicator	O	1
275	425	CR1	Ambulance Transport Information	O	1
277	430	CR2	Spinal Manipulation Service Information	O	5
283	435	CR3	Durable Medical Equipment Certification	O	1
Not Used	440	CR4	Enteral or Parenteral Therapy Certification	O	3
284	445	CR5	Home Oxygen Therapy Information	O	1
287	450	CRC	Ambulance Certification	O	3
289	450	CRC	Hospice Employee Indicator	O	1
291	450	CRC	DMERC Condition Indicator	O	2
293	455	DTP	Date - Service Date	O	1
295	455	DTP	Date - Certification Revision Date	O	1
296	455	DTP	Date - Referral Date	O	1
297	455	DTP	Date - Begin Therapy Date	O	1
298	455	DTP	Date - Last Certification Date	O	1
299	455	DTP	Date - Order Date	O	1
300	455	DTP	Date - Date Last Seen	O	1
301	455	DTP	Date - Test	O	2
302	455	DTP	Date - Oxygen Saturation/Arterial Blood Gas Test	O	3
303	455	DTP	Date - Shipped	O	1
304	455	DTP	Date - Onset of Current Symptom/Illness	O	1
305	455	DTP	Date - Last X-ray	O	1
306	455	DTP	Date - Acute Manifestation	O	1
307	455	DTP	Date - Initial Treatment	O	1

## DRAFT

308	455	DTP	Date - Similar Illness/Symptom Onset	O	1
309	460	QTY	Anesthesia Modifying Units	O	5
311	462	MEA	Test Result	O	20
314	465	CN1	Contract Information	O	1
316	470	REF	Repriced Line Item Reference Number	O	1
317	470	REF	Adjusted Repriced Line Item Reference Number	O	1
318	470	REF	Prior Authorization or Referral Number	O	2
319	470	REF	Line Item Control Number	O	1
320	470	REF	Mammography Certification Number	O	1
321	470	REF	Clinical Laboratory Improvement Amendment (CLIA) Identification	O	1
322	470	REF	Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification	O	1
323	470	REF	Immunization Batch Number	O	1
324	470	REF	Ambulatory Patient Group (APG)	O	4
325	470	REF	Oxygen Flow Rate	O	1
326	470	REF	Universal Product Number (UPN)	O	1
328	475	AMT	Sales Tax Amount	O	1
329	475	AMT	Approved Amount	O	1
330	475	AMT	Postage Claimed Amount	O	1
331	480	K3	File Information	O	10
333	485	NTE	Line Note	O	1
334	488	PS1	Purchased Service Information	O	1
Not Used	490	IMM	Immunization Status Code	O	5
335	491	HSD	Health Care Services Delivery	O	1
338	492	HCP	Line Pricing/Repricing Information	O	1
LOOP ID - 2410					30
Not Used	494	LIN	Item Identification	O	1
Not Used	495	CTP	Pricing Information	O	1
Not Used	496	REF	Reference Identification	O	1
LOOP ID - 2420A					1
342	500	NM1	Rendering Provider Name	O	1
344	505	PRV	Rendering Provider Specialty Information	O	1
345	510	N2	Additional Rendering Provider Name Information	O	1
Not Used	514	N3	Address Information	O	1
Not Used	520	N4	Geographic Location	O	1
346	525	REF	Rendering Provider Secondary Identification	O	5
Not Used	530	PER	Administrative Communications Contact	O	1
LOOP ID - 2420B					1
348	500	NM1	Purchased Service Provider Name	O	1
Not Used	505	PRV	Provider Information	O	1
Not Used	510	N2	Additional Name Information	O	1
Not Used	514	N3	Address Information	O	1
Not Used	520	N4	Geographic Location	O	1
350	525	REF	Purchased Service Provider Secondary Identification	O	5
Not Used	530	PER	Administrative Communications Contact	O	1
LOOP ID - 2420C					1
352	500	NM1	Service Facility Location	O	1
Not Used	505	PRV	Provider Information	O	1
354	510	N2	Additional Service Facility Location Name	O	1



## DRAFT

355	514	N3	Information Service Facility Location Address	O	1
356	520	N4	Service Facility Location City/State/ZIP	O	1
357	525	REF	Service Facility Location Secondary Identification	O	5
Not Used	530	PER	Administrative Communications Contact	O	1
LOOP ID - 2420D					1
359	500	NM1	Supervising Provider Name	O	1
Not Used	505	PRV	Provider Information	O	1
361	510	N2	Additional Supervising Provider Name Information	O	1
Not Used	514	N3	Address Information	O	1
Not Used	520	N4	Geographic Location	O	1
362	525	REF	Supervising Provider Secondary Identification	O	5
Not Used	530	PER	Administrative Communications Contact	O	1
LOOP ID - 2420E					1
364	500	NM1	Ordering Provider Name	O	1
Not Used	505	PRV	Provider Information	O	1
366	510	N2	Additional Ordering Provider Name Information	O	1
367	514	N3	Ordering Provider Address	O	1
368	520	N4	Ordering Provider City/State/ZIP Code	O	1
369	525	REF	Ordering Provider Secondary Identification	O	5
371	530	PER	Ordering Provider Contact Information	O	1
LOOP ID - 2420F					2
373	500	NM1	Referring Provider Name	O	1
375	505	PRV	Referring Provider Specialty Information	O	1
376	510	N2	Additional Referring Provider Name Information	O	1
Not Used	514	N3	Address Information	O	1
Not Used	520	N4	Geographic Location	O	1
377	525	REF	Referring Provider Secondary Identification	O	5
Not Used	530	PER	Administrative Communications Contact	O	1
LOOP ID - 2420G					4
379	500	NM1	Other Payer Prior Authorization or Referral Number	O	1
Not Used	505	PRV	Provider Information	O	1
Not Used	510	N2	Additional Name Information	O	1
Not Used	514	N3	Address Information	O	1
Not Used	520	N4	Geographic Location	O	1
381	525	REF	Other Payer Prior Authorization or Referral Number	O	2
Not Used	530	PER	Administrative Communications Contact	O	1
LOOP ID - 2430					25
382	540	SVD	Line Adjudication Information	O	1
385	545	CAS	Line Adjustment	O	99
390	550	DTP	Line Adjudication Date	O	1
LOOP ID - 2440					5
391	551	LQ	Form Identification Code	O	1
392	552	FRM	Supporting Documentation	M	99

## Summary:

DRAFT

Page No.	Pos. No.	Seg. ID	Name	Req. Des.	Max.Use	Loop Repeat	Notes and Comments
			LOOP ID - 2000C			>1	
394	001	HL	Patient Hierarchical Level	O	1		
396	007	PAT	Patient Information	O	1		
Not Used	009	DTP	Date or Time or Period	O	2		
Not Used	010	CUR	Currency	O	1		
			LOOP ID - 2010CA			1	
399	015	NM1	Patient Name	O	1		
401	020	N2	Additional Patient Name Information	O	1		
402	025	N3	Patient Address	O	1		
403	030	N4	Patient City/State/ZIP Code	O	1		
404	032	DMG	Patient Demographic Information	O	1		
405	035	REF	Patient Secondary Identification	O	5		
407	035	REF	Property and Casualty Claim Number	O	1		
Not Used	040	PER	Administrative Communications Contact	O	1		
			LOOP ID - 2300			100	
408	130	CLM	Claim Information	O	1		
415	135	DTP	Date - Order Date	O	1		
416	135	DTP	Date - Initial Treatment	O	1		
417	135	DTP	Date - Referral Date	O	1		
418	135	DTP	Date - Date Last Seen	O	1		
419	135	DTP	Date - Onset of Current Illness/Symptom	O	1		
420	135	DTP	Date - Acute Manifestation	O	5		
421	135	DTP	Date - Similar Illness/Symptom Onset	O	10		
422	135	DTP	Date - Accident	O	10		
423	135	DTP	Date - Last Menstrual Period	O	1		
424	135	DTP	Date - Last X-ray	O	1		
425	135	DTP	Date - Estimated Date of Birth	O	1		
426	135	DTP	Date - Hearing and Vision Prescription Date	O	1		
427	135	DTP	Date - Disability Begin	O	5		
428	135	DTP	Date - Disability End	O	5		
429	135	DTP	Date - Last Worked	O	1		
430	135	DTP	Date - Authorized Return to Work	O	1		
431	135	DTP	Date - Admission	O	1		
432	135	DTP	Date - Discharge	O	1		
433	135	DTP	Date - Assumed and Relinquished Care Dates	O	2		
Not Used	140	CL1	Claim Codes	O	1		
Not Used	145	DN1	Orthodontic Information	O	1		
Not Used	150	DN2	Tooth Summary	O	35		
434	155	PWK	Claim Supplemental Information	O	10		
437	160	CN1	Contract Information	O	1		
Not Used	165	DSB	Disability Information	O	1		
Not Used	170	UR	Peer Review Organization or Utilization Review	O	1		
439	175	AMT	Credit/Debit Card Maximum Amount	O	1		
440	175	AMT	Patient Amount Paid	O	1		
441	175	AMT	Total Purchased Service Amount	O	1		
442	180	REF	Service Authorization Exception Code	O	1		
444	180	REF	Mandatory Medicare (Section 4081) Crossover Indicator	O	1		
446	180	REF	Mammography Certification Number	O	1		

## DRAFT

447	180	REF	Prior Authorization or Referral Number	O	2
449	180	REF	Original Reference Number (ICN/DCN)	O	1
451	180	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	O	3
453	180	REF	Repriced Claim Number	O	1
454	180	REF	Adjusted Repriced Claim Number	O	1
455	180	REF	Investigational Device Exemption Number	O	1
456	180	REF	Claim Identification Number for Clearing Houses and Other Transmission Intermediaries	O	1
458	180	REF	Ambulatory Patient Group (APG)	O	4
459	180	REF	Medical Record Number	O	1
460	180	REF	Demonstration Project Identifier	O	1
461	185	K3	File Information	O	10
463	190	NTE	Claim Note	O	1
464	195	CR1	Ambulance Transport Information	O	1
466	200	CR2	Spinal Manipulation Service Information	O	1
Not Used	205	CR3	Durable Medical Equipment Certification	O	1
Not Used	210	CR4	Enteral or Parenteral Therapy Certification	O	3
Not Used	215	CR5	Oxygen Therapy Certification	O	1
Not Used	216	CR6	Home Health Care Certification	O	1
Not Used	219	CR8	Pacemaker Certification	O	1
472	220	CRC	Ambulance Certification	O	3
475	220	CRC	Patient Condition Information: Vision	O	3
477	220	CRC	Homebound Indicator	O	1
478	231	HI	Health Care Diagnosis Code	O	1
Not Used	240	QTY	Quantity	O	10
484	241	HCP	Claim Pricing/Repricing Information	O	1
LOOP ID - 2305					6
487	242	CR7	Home Health Care Plan Information	O	1
488	243	HSD	Health Care Services Delivery	O	3
LOOP ID - 2310A					2
491	250	NM1	Referring Provider Name	O	1
493	255	PRV	Referring Provider Specialty Information	O	1
494	260	N2	Additional Referring Provider Name Information	O	1
Not Used	265	N3	Address Information	O	1
Not Used	270	N4	Geographic Location	O	1
495	271	REF	Referring Provider Secondary Identification	O	5
Not Used	275	PER	Administrative Communications Contact	O	1
LOOP ID - 2310B					1
497	250	NM1	Rendering Provider Name	O	1
499	255	PRV	Rendering Provider Specialty Information	O	1
500	260	N2	Additional Rendering Provider Name Information	O	1
Not Used	265	N3	Address Information	O	1
Not Used	270	N4	Geographic Location	O	1
501	271	REF	Rendering Provider Secondary Identification	O	5
Not Used	275	PER	Administrative Communications Contact	O	1
LOOP ID - 2310C					1
503	250	NM1	Purchased Service Provider Name	O	1
Not Used	255	PRV	Provider Information	O	1
Not Used	260	N2	Additional Name Information	O	1

## DRAFT

Not Used	265	N3	Address Information	O	1
Not Used	270	N4	Geographic Location	O	1
505	271	REF	Purchased Service Provider Secondary Identification	O	5
Not Used	275	PER	Administrative Communications Contact	O	1
LOOP ID - 2310D					1
507	250	NM1	Service Facility Location	O	1
Not Used	255	PRV	Provider Information	O	1
509	260	N2	Additional Service Facility Location Name Information	O	1
510	265	N3	Service Facility Location Address	O	1
511	270	N4	Service Facility Location City/State/ZIP	O	1
512	271	REF	Service Facility Location Secondary Identification	O	5
Not Used	275	PER	Administrative Communications Contact	O	1
LOOP ID - 2310E					1
514	250	NM1	Supervising Provider Name	O	1
Not Used	255	PRV	Provider Information	O	1
516	260	N2	Additional Supervising Provider Name Information	O	1
Not Used	265	N3	Address Information	O	1
Not Used	270	N4	Geographic Location	O	1
517	271	REF	Supervising Provider Secondary Identification	O	5
Not Used	275	PER	Administrative Communications Contact	O	1
LOOP ID - 2320					10
519	290	SBR	Other Subscriber Information	O	1
523	295	CAS	Claim Level Adjustments	O	5
528	300	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1
529	300	AMT	Coordination of Benefits (COB) Approved Amount	O	1
530	300	AMT	Coordination of Benefits (COB) Allowed Amount	O	1
531	300	AMT	Coordination of Benefits (COB) Patient Responsibility Amount	O	1
532	300	AMT	Coordination of Benefits (COB) Covered Amount	O	1
533	300	AMT	Coordination of Benefits (COB) Discount Amount	O	1
534	300	AMT	Coordination of Benefits (COB) Per Day Limit Amount	O	1
535	300	AMT	Coordination of Benefits (COB) Patient Paid Amount	O	1
536	300	AMT	Coordination of Benefits (COB) Tax Amount	O	1
537	300	AMT	Coordination of Benefits (COB) Total Claim Before Taxes Amount	O	1
538	305	DMG	Subscriber Demographic Information	O	1
539	310	OI	Other Insurance Coverage Information	O	1
Not Used	315	MIA	Medicare Inpatient Adjudication	O	1
541	320	MOA	Medicare Outpatient Adjudication Information	O	1
LOOP ID - 2330A					1
543	325	NM1	Other Subscriber Name	O	1
545	330	N2	Additional Other Subscriber Name Information	O	1
546	332	N3	Other Subscriber Address	O	1
547	340	N4	Other Subscriber City/State/ZIP Code	O	1
Not Used	345	PER	Administrative Communications Contact	O	1
Not Used	350	DTP	Date or Time or Period	O	2
549	355	REF	Other Subscriber Secondary Identification	O	3

## DRAFT

			LOOP ID - 2330B		1
551	325	NM1	Other Payer Name	O	1
553	330	N2	Additional Other Payer Name Information	O	1
Not Used	332	N3	Address Information	O	1
Not Used	340	N4	Geographic Location	O	1
554	345	PER	Other Payer Contact Information	O	2
556	350	DTP	Claim Adjudication Date	O	1
557	355	REF	Other Payer Secondary Identifier	O	2
559	355	REF	Other Payer Prior Authorization or Referral Number	O	2
560	355	REF	Other Payer Claim Adjustment Indicator	O	2
			LOOP ID - 2330C		1
562	325	NM1	Other Payer Patient Information	O	1
Not Used	330	N2	Additional Name Information	O	1
Not Used	332	N3	Address Information	O	1
Not Used	340	N4	Geographic Location	O	1
Not Used	345	PER	Administrative Communications Contact	O	1
564	355	REF	Other Payer Patient Identification	O	3
			LOOP ID - 2330D		2
566	325	NM1	Other Payer Referring Provider	O	1
Not Used	330	N2	Additional Name Information	O	1
Not Used	332	N3	Address Information	O	1
Not Used	340	N4	Geographic Location	O	1
Not Used	345	PER	Administrative Communications Contact	O	1
568	355	REF	Other Payer Referring Provider Identification	O	3
			LOOP ID - 2330E		1
570	325	NM1	Other Payer Rendering Provider	O	1
Not Used	330	N2	Additional Name Information	O	1
Not Used	332	N3	Address Information	O	1
Not Used	340	N4	Geographic Location	O	1
Not Used	345	PER	Administrative Communications Contact	O	1
572	355	REF	Other Payer Rendering Provider Secondary Identification	O	3
			LOOP ID - 2330F		1
574	325	NM1	Other Payer Purchased Service Provider	O	1
Not Used	330	N2	Additional Name Information	O	1
Not Used	332	N3	Address Information	O	1
Not Used	340	N4	Geographic Location	O	1
Not Used	345	PER	Administrative Communications Contact	O	1
576	355	REF	Other Payer Purchased Service Provider Identification	O	3
			LOOP ID - 2330G		1
578	325	NM1	Other Payer Service Facility Location	O	1
Not Used	330	N2	Additional Name Information	O	1
Not Used	332	N3	Address Information	O	1
Not Used	340	N4	Geographic Location	O	1
Not Used	345	PER	Administrative Communications Contact	O	1
580	355	REF	Other Payer Service Facility Location Identification	O	3
			LOOP ID - 2330H		1
582	325	NM1	Other Payer Supervising Provider	O	1

## DRAFT

Not Used	330	N2	Additional Name Information	O	1		
Not Used	332	N3	Address Information	O	1		
Not Used	340	N4	Geographic Location	O	1		
Not Used	345	PER	Administrative Communications Contact	O	1		
584	355	REF	Other Payer Supervising Provider Identification	O	3		
LOOP ID - 2400					50		
586	365	LX	Service Line	O	1		
587	370	SV1	Professional Service	O	1		
Not Used	375	SV2	Institutional Service	O	1		
Not Used	380	SV3	Dental Service	O	1		
Not Used	382	TOO	Tooth Identification	O	32		
593	385	SV4	Prescription Number	O	1		
Not Used	400	SV5	Durable Medical Equipment Service	O	1		
Not Used	405	SV6	Anesthesia Service	O	1		
Not Used	410	SV7	Drug Adjudication	O	1		
Not Used	415	HI	Health Care Information Codes	O	25		
Not Used	415	HI	Health Care Information Codes	O	25		
595	420	PWK	DMERC CMN Indicator	O	1		
597	425	CR1	Ambulance Transport Information	O	1		
599	430	CR2	Spinal Manipulation Service Information	O	5		
605	435	CR3	Durable Medical Equipment Certification	O	1		
Not Used	440	CR4	Enteral or Parenteral Therapy Certification	O	3		
606	445	CR5	Home Oxygen Therapy Information	O	1		
609	450	CRC	Ambulance Certification	O	3		
611	450	CRC	Hospice Employee Indicator	O	1		
613	450	CRC	DMERC Condition Indicator	O	2		
615	455	DTP	Date - Service Date	O	1		
617	455	DTP	Date - Certification Revision Date	O	1		
618	455	DTP	Date - Referral Date	O	1		
619	455	DTP	Date - Begin Therapy Date	O	1		
620	455	DTP	Date - Last Certification Date	O	1		
621	455	DTP	Date - Order Date	O	1		
622	455	DTP	Date - Date Last Seen	O	1		
623	455	DTP	Date - Test	O	2		
624	455	DTP	Date - Oxygen Saturation/Arterial Blood Gas Test	O	3		
625	455	DTP	Date - Shipped	O	1		
626	455	DTP	Date - Onset of Current Symptom/Illness	O	1		
627	455	DTP	Date - Last X-ray	O	1		
628	455	DTP	Date - Acute Manifestation	O	1		
629	455	DTP	Date - Initial Treatment	O	1		
630	455	DTP	Date - Similar Illness/Symptom Onset	O	1		
631	460	QTY	Anesthesia Modifying Units	O	5		
633	462	MEA	Test Result	O	20		
636	465	CN1	Contract Information	O	1		
638	470	REF	Repriced Line Item Reference Number	O	1		
639	470	REF	Adjusted Repriced Line Item Reference Number	O	1		
640	470	REF	Prior Authorization or Referral Number	O	2		
641	470	REF	Line Item Control Number	O	1		
642	470	REF	Mammography Certification Number	O	1		

## DRAFT

643	470	REF	Clinical Laboratory Improvement Amendment (CLIA) Identification	O	1
644	470	REF	Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification	O	1
645	470	REF	Immunization Batch Number	O	1
646	470	REF	Ambulatory Patient Group (APG)	O	4
647	470	REF	Oxygen Flow Rate	O	1
648	470	REF	Universal Product Number (UPN)	O	1
650	475	AMT	Sales Tax Amount	O	1
651	475	AMT	Approved Amount	O	1
652	475	AMT	Postage Claimed Amount	O	1
653	480	K3	File Information	O	10
655	485	NTE	Line Note	O	1
656	488	PS1	Purchased Service Information	O	1
Not Used	490	IMM	Immunization Status Code	O	5
657	491	HSD	Health Care Services Delivery	O	1
660	492	HCP	Line Pricing/Repricing Information	O	1
LOOP ID - 2410					30
Not Used	494	LIN	Item Identification	O	1
Not Used	495	CTP	Pricing Information	O	1
Not Used	496	REF	Reference Identification	O	1
LOOP ID - 2420A					1
<b>Error! Bookmark not defined.</b>	500	NM1	Rendering Provider Name	O	1
666	505	PRV	Rendering Provider Specialty Information	O	1
667	510	N2	Additional Rendering Provider Name Information	O	1
Not Used	514	N3	Address Information	O	1
Not Used	520	N4	Geographic Location	O	1
668	525	REF	Rendering Provider Secondary Identification	O	5
Not Used	530	PER	Administrative Communications Contact	O	1
LOOP ID - 2420B					1
670	500	NM1	Purchased Service Provider Name	O	1
Not Used	505	PRV	Provider Information	O	1
Not Used	510	N2	Additional Name Information	O	1
Not Used	514	N3	Address Information	O	1
Not Used	520	N4	Geographic Location	O	1
672	525	REF	Purchased Service Provider Secondary Identification	O	5
Not Used	530	PER	Administrative Communications Contact	O	1
LOOP ID - 2420C					1
674	500	NM1	Service Facility Location	O	1
Not Used	505	PRV	Provider Information	O	1
676	510	N2	Additional Service Facility Location Name Information	O	1
677	514	N3	Service Facility Location Address	O	1
678	520	N4	Service Facility Location City/State/ZIP	O	1
679	525	REF	Service Facility Location Secondary Identification	O	5
Not Used	530	PER	Administrative Communications Contact	O	1
LOOP ID - 2420D					1
681	500	NM1	Supervising Provider Name	O	1

## DRAFT

Not Used	505	PRV	Provider Information	O	1
683	510	N2	Additional Supervising Provider Name Information	O	1
Not Used	514	N3	Address Information	O	1
Not Used	520	N4	Geographic Location	O	1
684	525	REF	Supervising Provider Secondary Identification	O	5
Not Used	530	PER	Administrative Communications Contact	O	1
LOOP ID - 2420E					1
686	500	NM1	Ordering Provider Name	O	1
Not Used	505	PRV	Provider Information	O	1
688	510	N2	Additional Ordering Provider Name Information	O	1
689	514	N3	Ordering Provider Address	O	1
690	520	N4	Ordering Provider City/State/ZIP Code	O	1
691	525	REF	Ordering Provider Secondary Identification	O	5
693	530	PER	Ordering Provider Contact Information	O	1
LOOP ID - 2420F					2
695	500	NM1	Referring Provider Name	O	1
697	505	PRV	Referring Provider Specialty Information	O	1
698	510	N2	Additional Referring Provider Name Information	O	1
Not Used	514	N3	Address Information	O	1
Not Used	520	N4	Geographic Location	O	1
699	525	REF	Referring Provider Secondary Identification	O	5
Not Used	530	PER	Administrative Communications Contact	O	1
LOOP ID - 2420G					4
701	500	NM1	Other Payer Prior Authorization or Referral Number	O	1
Not Used	505	PRV	Provider Information	O	1
Not Used	510	N2	Additional Name Information	O	1
Not Used	514	N3	Address Information	O	1
Not Used	520	N4	Geographic Location	O	1
703	525	REF	Other Payer Prior Authorization or Referral Number	O	2
Not Used	530	PER	Administrative Communications Contact	O	1
LOOP ID - 2430					25
704	540	SVD	Line Adjudication Information	O	1
707	545	CAS	Line Adjustment	O	99
712	550	DTP	Line Adjudication Date	O	1
LOOP ID - 2440					5
713	551	LQ	Form Identification Code	O	1
714	552	FRM	Supporting Documentation	M	99
716	555	SE	Transaction Set Trailer	M	1



**Segment:** **ST** Transaction Set Header

**Position:** 005

**Loop:**

**Level:** Heading

**Usage:** Mandatory

**Max Use:** 1

**Purpose:** To indicate the start of a transaction set and to assign a control number

**Syntax Notes:**

**Semantic Notes:** 1 The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).

**Comments:**

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	ST01	143	Transaction Set Identifier Code	M ID 3/3
			Code uniquely identifying a Transaction Set The only valid value within this transaction set for ST01 is 837.	
			INDUSTRY: Transaction Set Identifier Code 837 Health Care Claim	
Required	ST02	329	Transaction Set Control Number	M AN 4/9
			Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set The Transaction Set Control Numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. Submitters could begin sending transactions using the number 0001 in this element and increment from there. The number must be unique within a specific functional group (GS-GE) and interchange (ISA-IEA), but can repeat in other groups and interchanges.	
			ALIAS: Transaction Set Control Number	
			INDUSTRY: Transaction Set Control Number	

**Segment: BHT Beginning of Hierarchical Transaction****Position:** 010**Loop:****Level:** Heading**Usage:** Mandatory**Max Use:** 1**Purpose:** To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time**Syntax Notes:**

- Semantic Notes:**
- 1 BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system.
  - 2 BHT04 is the date the transaction was created within the business application system.
  - 3 BHT05 is the time the transaction was created within the business application system.

**Comments:**

**Notes:** The second example denotes the case where the entire transaction set contains ENCOUNTERS.

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>BHT01</b>	<b>1005</b>	<b>Hierarchical Structure Code</b>	<b>M ID 4/4</b>
			Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set INDUSTRY: Hierarchical Structure Code 0019 Information Source, Subscriber, Dependent	
<b>Required</b>	<b>BHT02</b>	<b>353</b>	<b>Transaction Set Purpose Code</b>	<b>M ID 2/2</b>
			Code identifying purpose of transaction set BHT02 is intended to convey the electronic transmission status of the 837 batch contained in this ST-SE envelope. The terms "original" and "reissue" refer to the electronic transmission status of the 837 batch, not the billing status.  ORIGINAL: Original transmissions are claims/encounters which have never been sent to the receiver. Generally nearly all transmissions to a payer entity (as the ultimate destination of the transaction) are original.  REISSUE: In the case where a transmission was disrupted the receiver can request that the batch be sent again. Use "Reissue" when resending transmission batches that have been previously sent.  ALIAS: Transaction Set Purpose Code  NSF Reference: AA0-23.0  INDUSTRY: Transaction Set Purpose Code 00 Original 18 Reissue	
<b>Required</b>	<b>BHT03</b>	<b>127</b>	<b>Reference Identification</b>	<b>O AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier The inventory file number of the tape or transmission assigned by the submitter's system. This number operates as a batch control number. It may or may not be identical to the number carried in ST02.  NSF Reference: AA0-05.0	

Required	BHT04	373	INDUSTRY: Originator Application Transaction Identifier <b>Date</b> Date expressed as CCYYMMDD Identifies the date that the submitter created the file.  NSF Reference: AA0-15.0	O DT 8/8
Required	BHT05	337	INDUSTRY: Transaction Set Creation Date <b>Time</b> Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) Use this time to identify the time of day that the submitter created the file.  NSF Reference: AA0-16.0	O TM 4/8
Required	BHT06	640	INDUSTRY: Transaction Set Creation Time <b>Transaction Type Code</b> Code specifying the type of transaction Although this element is required, submitters are not necessarily required to accurately batch claims and encounters at this level. Generally CH is used for claims and RP is used for encounters. However, if an ST-SE envelope contains both claims and encounters use CH. Some trading partner agreements may specify using only one code.  ALIAS: Claim or Encounter Indicator  INDUSTRY: Claim or Encounter Identifier CH Chargeable Use this code when the transaction contains only fee-for-service claims or claims with at least one chargeable line item. If it is not clear whether a transaction contains claims or encounters, or if the transaction contains a mix of claims and encounters, the developers of this implementation guide recommend using code CH. RP Reporting Use RP when the entire ST-SE envelope contains encounters.  Use RP when the transaction is being sent to an entity (usually not a payer or a normal provider-payer transmission intermediary) for purposes other than adjudication of a claim. Such an entity could be a state health data agency which is using the 837 for health data reporting purposes.	O ID 2/2

<b>Segment:</b>	<b>REF</b>	<b>Transmission Type Identification</b>
<b>Position:</b>	015	
<b>Loop:</b>		
<b>Level:</b>	Heading	
<b>Usage:</b>	Optional (Must Use)	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	1	At least one of REF02 or REF03 is required.
	2	If either C04003 or C04004 is present, then the other is required.
	3	If either C04005 or C04006 is present, then the other is required.
<b>Semantic Notes:</b>	1	REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>		

Data Element Summary				
	Ref. Des.	Data Element	Name	Attributes
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 87 Functional Category An organization or groups of organizations with a common operational orientation such as Quality Control Engineering, etc	M ID 2/3
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier When piloting the transaction set, this value is 004010X098D. When sending the transaction set in a production mode, this value is 004010X098.	X AN 1/30
Not Used	REF03	352	INDUSTRY: Transmission Type Code <b>Description</b> A free-form description to clarify the related data elements and their content	X AN 1/80
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M ID 2/3
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30
Not Used	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30

<b>Segment:</b>	<b>NM1 Submitter Name</b>
<b>Position:</b>	020
<b>Loop:</b>	1000A Optional (Must Use)
<b>Level:</b>	Heading
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	The example in this NM1 and the subsequent N2 demonstrate how a name that is more than 35 characters long could be handled between the NM1 and N2 segments.

See Section 2.4, Loop ID-1000, Data Overview, for a detailed description about using Loop ID-1000. Ignore the Set Notes below.

Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 syntax rules.

Data Element Summary				
	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>NM101</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code 41 Submitter Entity transmitting transaction set	<b>M ID 2/3</b>
<b>Required</b>	<b>NM102</b>	<b>1065</b>	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person 2 Non-Person Entity	<b>M ID 1/1</b>
<b>Required</b>	<b>NM103</b>	<b>1035</b>	<b>Name Last or Organization Name</b> Individual last name or organizational name ALIAS: Submitter Name  NSF Reference: AA0-06.0	<b>O AN 1/35</b>
<b>Situatio</b>	<b>NM104</b>	<b>1036</b>	INDUSTRY: Submitter Last or Organization Name <b>Name First</b> Individual first name Required if NM102=1 (person).  ALIAS: Submitter Name	<b>O AN 1/25</b>
<b>Situatio</b>	<b>NM105</b>	<b>1037</b>	INDUSTRY: Submitter First Name <b>Name Middle</b> Individual middle name or initial Required if NM102=1 and the middle name/initial of the person is known.  ALIAS: Submitter Name	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	INDUSTRY: Submitter Middle Name <b>Name Prefix</b>	<b>O AN 1/10</b>

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			Prefix to individual name	
Not Used	NM107	1039	<b>Name Suffix</b>	O AN 1/10
			Suffix to individual name	
Required	NM108	66	<b>Identification Code Qualifier</b>	X ID 1/2
			Code designating the system/method of code structure used for Identification Code (67)	
			INDUSTRY: Identification Code Qualifier	
			46 Electronic Transmitter Identification Number (ETIN)	
			A unique number assigned to each transmitter and software developer	
			Established by trading partner agreement.	
Required	NM109	67	<b>Identification Code</b>	X AN 2/80
			Code identifying a party or other code	
			ALIAS: Submitter Primary Identification Number	
			NSF Reference: AA0-02.0, ZA0-02.0	
			INDUSTRY: Submitter Identifier	
Not Used	NM110	706	<b>Entity Relationship Code</b>	X ID 2/2
			Code describing entity relationship	
Not Used	NM111	98	<b>Entity Identifier Code</b>	O ID 2/3
			Code identifying an organizational entity, a physical location, property or an individual	

**Segment:** **N2 Additional Submitter Name Information**

**Position:** 025

**Loop:** 1000A Optional (Must Use)

**Level:** Heading

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b> Free-form name ALIAS: Additional Submitter Name	<b>M AN 1/60</b>
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b> Free-form name INDUSTRY: Additional Submitter Name	<b>O AN 1/60</b>

**Segment:****PER Submitter EDI Contact Information****Position:**

045

**Loop:**

1000A Optional (Must Use)

**Level:**

Heading

**Usage:**

Optional (Must Use)

**Max Use:**

2

**Purpose:**

To identify a person or office to whom administrative communications should be directed

**Syntax Notes:**

- 1 If either PER03 or PER04 is present, then the other is required.
- 2 If either PER05 or PER06 is present, then the other is required.
- 3 If either PER07 or PER08 is present, then the other is required.

**Semantic Notes:****Comments:****Notes:**

When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g., (534) 224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.

The contact information in this segment should point to the person in the submitter organization who deals with data transmission issues. If data transmission problems arise, this is the person to contact in the submitter organization.

There are 2 repetitions of the PER segment to allow for six possible combination of communication numbers including extensions.

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>PER01</b>	<b>366</b>	<b>Contact Function Code</b>	<b>M ID 2/2</b>
			Code identifying the major duty or responsibility of the person or group named INDUSTRY: Contact Function Code	
			IC Information Contact	
<b>Required</b>	<b>PER02</b>	<b>93</b>	<b>Name</b>	<b>O AN 1/60</b>
			Free-form name	
			Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1).	
			NSF Reference: AA0-13.0	
<b>Required</b>	<b>PER03</b>	<b>365</b>	<b>Communication Number Qualifier</b>	<b>X ID 2/2</b>
			Code identifying the type of communication number INDUSTRY: Communication Number Qualifier	
			ED Electronic Data Interchange Access Number	
			EM Electronic Mail	
			FX Facsimile	
			TE Telephone	
<b>Required</b>	<b>PER04</b>	<b>364</b>	<b>Communication Number</b>	<b>X AN 1/80</b>
			Complete communications number including country or area code when applicable NSF Reference: AA0-14.0	
			INDUSTRY: Communication Number	



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<b>Situatio</b>	<b>PER05</b>	<b>365</b>	<b>Communication Number Qualifier</b>	<b>X</b>	<b>ID 2/2</b>
			Code identifying the type of communication number Used at the discretion of the submitter.		
			INDUSTRY: Communication Number Qualifier		
			ED Electronic Data Interchange Access Number		
			EM Electronic Mail		
			EX Telephone Extension		
			FX Facsimile		
			TE Telephone		
<b>Situatio</b>	<b>PER06</b>	<b>364</b>	<b>Communication Number</b>	<b>X</b>	<b>AN 1/80</b>
			Complete communications number including country or area code when applicable Used at the discretion of the submitter.		
<b>Situatio</b>	<b>PER07</b>	<b>365</b>	<b>Communication Number Qualifier</b>	<b>X</b>	<b>ID 2/2</b>
			Code identifying the type of communication number Used at the discretion of the submitter.		
			INDUSTRY: Communication Number Qualifier		
			ED Electronic Data Interchange Access Number		
			EM Electronic Mail		
			EX Telephone Extension		
			FX Facsimile		
			TE Telephone		
<b>Situatio</b>	<b>PER08</b>	<b>364</b>	<b>Communication Number</b>	<b>X</b>	<b>AN 1/80</b>
			Complete communications number including country or area code when applicable Used at the discretion of the submitter.		
<b>Not Used</b>	<b>PER09</b>	<b>443</b>	<b>Contact Inquiry Reference</b>	<b>O</b>	<b>AN 1/20</b>
			Additional reference number or description to clarify a contact number		

<b>Segment:</b>	<b>NM1</b>	<b>Receiver Name</b>
<b>Position:</b>	020	
<b>Loop:</b>	1000B	Optional (Must Use)
<b>Level:</b>	Heading	
<b>Usage:</b>	Optional (Must Use)	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To supply the full name of an individual or organizational entity	
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.	
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.	
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.	
<b>Notes:</b>	Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 syntax rules.	

Data Element Summary				
	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>NM101</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>M ID 2/3</b>
			Code identifying an organizational entity, a physical location, property or an individual	
			INDUSTRY: Entity Identifier Code	
			40 Receiver	
			Entity to accept transmission	
<b>Required</b>	<b>NM102</b>	<b>1065</b>	<b>Entity Type Qualifier</b>	<b>M ID 1/1</b>
			Code qualifying the type of entity	
			INDUSTRY: Entity Type Qualifier	
			2 Non-Person Entity	
<b>Required</b>	<b>NM103</b>	<b>1035</b>	<b>Name Last or Organization Name</b>	<b>O AN 1/35</b>
			Individual last name or organizational name	
			ALIAS: Receiver Name	
			INDUSTRY: Receiver Name	
<b>Not Used</b>	<b>NM104</b>	<b>1036</b>	<b>Name First</b>	<b>O AN 1/25</b>
			Individual first name	
<b>Not Used</b>	<b>NM105</b>	<b>1037</b>	<b>Name Middle</b>	<b>O AN 1/25</b>
			Individual middle name or initial	
<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	<b>Name Prefix</b>	<b>O AN 1/10</b>
			Prefix to individual name	
<b>Not Used</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b>	<b>O AN 1/10</b>
			Suffix to individual name	
<b>Required</b>	<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b>	<b>X ID 1/2</b>
			Code designating the system/method of code structure used for Identification Code (67)	
			INDUSTRY: Identification Code Qualifier	
			46 Electronic Transmitter Identification Number (ETIN)	
			A unique number assigned to each transmitter and software developer	
<b>Required</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b>	<b>X AN 2/80</b>
			Code identifying a party or other code	
			ALIAS: Receiver Primary Identification Number	
			NSF Reference: AA0-17.0, ZA0-04.0	
			INDUSTRY: Receiver Primary Identifier	

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<b>Not Used</b>	<b>NM110</b>	<b>706</b>	Use "D00111" for Michigan Medicaid. <b>Entity Relationship Code</b> Code describing entity relationship	<b>X</b>	<b>ID 2/2</b>
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	<b>O</b>	<b>ID 2/3</b>

**Segment:** **N2 Receiver Additional Name Information**

**Position:** 025

**Loop:** 1000B Optional (Must Use)

**Level:** Heading

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b> Free-form name ALIAS: Receiver Additional Name Information	<b>M AN 1/60</b>
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b> INDUSTRY: Receiver Additional Name Free-form name	<b>O AN 1/60</b>

**Segment: HL Billing/Pay-to Provider Hierarchical Level****Position:** 001**Loop:** 2000A Mandatory**Level:** Detail**Usage:** Mandatory**Max Use:** 1**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments**Syntax Notes:****Semantic Notes:****Comments:**

1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.

The HL segment defines a top-down/left-right ordered structure.

2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.

3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.

4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.

5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

**Notes:** Use the Billing Provider HL to identify the original entity who submitted the electronic claim/encounter to the destination payer identified in Loop ID-2010BB. The billing provider entity may be a health care provider, a billing service, or some other representative of the provider.

The NSF fields shown in Loop ID-2010AA and Loop ID-2010AB are intended to carry billing provider information, not billing service information. Refer to your NSF manual for proper use of these fields. If Loop 2010AA contains information on a billing service (rather than a billing provider), do not map the information in that loop to the NSF billing provider fields for Medicare claims.

The Billing/Pay-to Provider HL may contain information about the Pay-to Provider entity. If the Pay-to Provider entity is the same as the Billing Provider entity, then only use Loop ID-2010AA.

Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 syntax rules.

Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Billing/Pay-to Provider Hierarchical Level loops, there is an implied maximum of 5000.

If the Billing or Pay-to Provider is also the Rendering Provider and Loop ID-2310A is not used, the Loop ID-2000 PRV must be used to indicate which entity (Billing or Pay-to) is the Rendering Provider.

**Data Element Summary**

Ref. Des.	Data Element	Name	Attributes
--------------	-----------------	------	------------

<b>Required</b>	<b>HL01</b>	<b>628</b>	<b>Hierarchical ID Number</b>	<b>M AN 1/12</b>
			A unique number assigned by the sender to identify a particular data segment in a hierarchical structure HL01 must begin with "1" and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01.	
<b>Not Used</b>	<b>HL02</b>	<b>734</b>	<b>Hierarchical Parent ID Number</b>	<b>O AN 1/12</b>
			INDUSTRY: Hierarchical ID Number Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	
<b>Required</b>	<b>HL03</b>	<b>735</b>	<b>Hierarchical Level Code</b>	<b>M ID 1/2</b>
			Code defining the characteristic of a level in a hierarchical structure INDUSTRY: Hierarchical Level Code 20 Information Source Identifies the payor, maintainer, or source of the information	
<b>Required</b>	<b>HL04</b>	<b>736</b>	<b>Hierarchical Child Code</b>	<b>O ID 1/1</b>
			Code indicating if there are hierarchical child data segments subordinate to the level being described INDUSTRY: Hierarchical Child Code 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.	

<b>Segment:</b>	<b>PRV</b>	<b>Billing/Pay-to Provider Specialty Information</b>
<b>Position:</b>	003	
<b>Loop:</b>	2000A	Mandatory
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify the identifying characteristics of a provider	
<b>Syntax Notes:</b>		
<b>Semantic Notes:</b>		
<b>Comments:</b>		
<b>Notes:</b>	Required if the Rendering Provider is the same entity as the Billing Provider and/or the Pay-to Provider. In these cases, the Rendering Provider is being identified at this level for all subsequent claims/encounters in this HL and Loop ID-2310B is not used.	

This PRV is not used when the Billing or Pay-to Provider is a group and the individual Rendering Provider is in loop 2310B. The PRV segment is then coded with the Rendering Provider in loop 2310B.

PRV02 qualifies PRV03.

Data Element Summary				
	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>PRV01</b>	<b>1221</b>	<b>Provider Code</b>	<b>M ID 1/3</b>
			Code identifying the type of provider	
			INDUSTRY: Provider Code	
			BI Billing	
			PT Pay-To	
<b>Required</b>	<b>PRV02</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: <a href="http://www.wpc-edi.com">http://www.wpc-edi.com</a> . This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.	
			INDUSTRY: Reference Identification Qualifier	
			ZZ Mutually Defined	
			Health Care Provider Taxonomy Code list	
<b>Required</b>	<b>PRV03</b>	<b>127</b>	<b>Reference Identification</b>	<b>M AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			ALIAS: Provider Specialty Code	
			Provider Specialty Code	
			NSF Reference: BA0-22.0	
			INDUSTRY: Provider Taxonomy Code	
<b>Not Used</b>	<b>PRV04</b>	<b>156</b>	<b>State or Province Code</b>	<b>O ID 2/2</b>
			Code (Standard State/Province) as defined by appropriate government agency	
<b>Not Used</b>	<b>PRV05</b>	<b>C035</b>	<b>Provider Specialty Information</b>	<b>O</b>
			To provide provider specialty information	
<b>Not Used</b>	<b>C03501</b>	<b>1222</b>	<b>Provider Specialty Code</b>	<b>M AN 1/3</b>
			Code indicating the primary specialty of the provider, as defined by the receiver	
<b>Not Used</b>	<b>C03502</b>	<b>559</b>	<b>Agency Qualifier Code</b>	<b>O ID 2/2</b>

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			Code identifying the agency assigning the code values		
<b>Not Used</b>	<b>C03503</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>O</b>	<b>ID 1/1</b>
			Code indicating a Yes or No condition or response		
<b>Not Used</b>	<b>PRV06</b>	<b>1223</b>	<b>Provider Organization Code</b>	<b>O</b>	<b>ID 3/3</b>
			Code identifying the organizational structure of a provider		



<b>Segment:</b>	<b>CUR</b> Foreign Currency Information
<b>Position:</b>	010
<b>Loop:</b>	2000A Mandatory
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify the currency (dollars, pounds, francs, etc.) used in a transaction
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 If CUR08 is present, then CUR07 is required.</li> <li>2 If CUR09 is present, then CUR07 is required.</li> <li>3 If CUR10 is present, then at least one of CUR11 or CUR12 is required.</li> <li>4 If CUR11 is present, then CUR10 is required.</li> <li>5 If CUR12 is present, then CUR10 is required.</li> <li>6 If CUR13 is present, then at least one of CUR14 or CUR15 is required.</li> <li>7 If CUR14 is present, then CUR13 is required.</li> <li>8 If CUR15 is present, then CUR13 is required.</li> <li>9 If CUR16 is present, then at least one of CUR17 or CUR18 is required.</li> <li>10 If CUR17 is present, then CUR16 is required.</li> <li>11 If CUR18 is present, then CUR16 is required.</li> <li>12 If CUR19 is present, then at least one of CUR20 or CUR21 is required.</li> <li>13 If CUR20 is present, then CUR19 is required.</li> <li>14 If CUR21 is present, then CUR19 is required.</li> </ol>
<b>Semantic Notes:</b>	
<b>Comments:</b>	1 See Figures Appendix for examples detailing the use of the CUR segment.
<b>Notes:</b>	The CUR segment is required if financial amounts submitted in this ST-SE envelop are for services provided in a currency that is NOT normally used by the receiver for processing claims. For example, claims submitted by United States (U.S.) providers to U.S. receivers are assumed to be in U.S. dollars. Claims submitted by Canadian providers to Canadian receivers are assumed to be in Canadian dollars. Claims submitted by Canadian providers to U.S. receivers are assumed to be in Canadian dollars. In that case the CUR would be used to indicate that the billed amounts are in Canadian dollars.

In cases where COB is involved, adjudicated adjustments and amounts must also be in the currency indicated here.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	CUR01	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code 85 Billing Provider	<b>M ID 2/3</b>
Required	CUR02	100	<b>Currency Code</b> Code (Standard ISO) for country in whose currency the charges are specified INDUSTRY: Currency Code	<b>M ID 3/3</b>
Not Used	CUR03	280	<b>Exchange Rate</b> Value to be used as a multiplier conversion factor to convert monetary value from one currency to another	<b>O R 4/10</b>
Not Used	CUR04	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	<b>O ID 2/3</b>
Not Used	CUR05	100	<b>Currency Code</b> Code (Standard ISO) for country in whose currency the charges are specified	<b>O ID 3/3</b>
Not Used	CUR06	669	<b>Currency Market/Exchange Code</b> Code identifying the market upon which the currency exchange rate is based	<b>O ID 3/3</b>
Not Used	CUR07	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time	<b>X ID 3/3</b>

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Not Used	CUR08	373	<b>Date</b>	<b>O DT 8/8</b>
			Date expressed as CCYYMMDD	
Not Used	CUR09	337	<b>Time</b>	<b>O TM 4/8</b>
			Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)	
Not Used	CUR10	374	<b>Date/Time Qualifier</b>	<b>X ID 3/3</b>
			Code specifying type of date or time, or both date and time	
Not Used	CUR11	373	<b>Date</b>	<b>X DT 8/8</b>
			Date expressed as CCYYMMDD	
Not Used	CUR12	337	<b>Time</b>	<b>X TM 4/8</b>
			Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)	
Not Used	CUR13	374	<b>Date/Time Qualifier</b>	<b>X ID 3/3</b>
			Code specifying type of date or time, or both date and time	
Not Used	CUR14	373	<b>Date</b>	<b>X DT 8/8</b>
			Date expressed as CCYYMMDD	
Not Used	CUR15	337	<b>Time</b>	<b>X TM 4/8</b>
			Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)	
Not Used	CUR16	374	<b>Date/Time Qualifier</b>	<b>X ID 3/3</b>
			Code specifying type of date or time, or both date and time	
Not Used	CUR17	373	<b>Date</b>	<b>X DT 8/8</b>
			Date expressed as CCYYMMDD	
Not Used	CUR18	337	<b>Time</b>	<b>X TM 4/8</b>
			Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)	
Not Used	CUR19	374	<b>Date/Time Qualifier</b>	<b>X ID 3/3</b>
			Code specifying type of date or time, or both date and time	
Not Used	CUR20	373	<b>Date</b>	<b>X DT 8/8</b>
			Date expressed as CCYYMMDD	
Not Used	CUR21	337	<b>Time</b>	<b>X TM 4/8</b>
			Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)	

<b>Segment:</b>	<b>NM1 Billing Provider Name</b>
<b>Position:</b>	015
<b>Loop:</b>	2010AA Optional (Must Use)
<b>Level:</b>	Detail
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	Although the name of this loop/segment is "Billing Provider" the loop/segment really identifies the billing entity. The billing entity does not have to be a health care provider to use this loop. However, some payers do not accept claims from non-provider billing entities.

Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 syntax rules.

Data Element Summary				
	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>NM101</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>M ID 2/3</b>
			Code identifying an organizational entity, a physical location, property or an individual	
			INDUSTRY: Entity Identifier Code	
			85 Billing Provider	
			Use this code to indicate billing provider, billing submitter, and encounter reporting entity.	
<b>Required</b>	<b>NM102</b>	<b>1065</b>	<b>Entity Type Qualifier</b>	<b>M ID 1/1</b>
			Code qualifying the type of entity	
			INDUSTRY: Entity Type Qualifier	
			1 Person	
			2 Non-Person Entity	
<b>Required</b>	<b>NM103</b>	<b>1035</b>	<b>Name Last or Organization Name</b>	<b>O AN 1/35</b>
			Individual last name or organizational name	
			ALIAS: Billing Provider Name	
			NSF Reference: BA0-18.0 or BA0-19.0	
			INDUSTRY: Billing Provider Last or Organizational Name	
<b>Situatio</b>	<b>NM104</b>	<b>1036</b>	<b>Name First</b>	<b>O AN 1/25</b>
			Individual first name	
			Required if NM102=1 (person).	
			ALIAS: Billing Provider Name	
			NSF Reference: BA0-20.0	
			INDUSTRY: Billing Provider First Name	
<b>Situatio</b>	<b>NM105</b>	<b>1037</b>	<b>Name Middle</b>	<b>O AN 1/25</b>
			Individual middle name or initial	
			Required if NM102=1 and the middle name/initial of the person is known.	
			ALIAS: Billing Provider Name	

NSF Reference: BA0-21.0

<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	INDUSTRY: Billing Provider Middle Name <b>Name Prefix</b>	<b>O</b>	<b>AN 1/10</b>
			Prefix to individual name		
<b>Situatio</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b>	<b>O</b>	<b>AN 1/10</b>
			Suffix to individual name Required if known.		
			ALIAS: Billing Provider Name		
<b>Required</b>	<b>NM108</b>	<b>66</b>	INDUSTRY: Billing Provider Name Suffix <b>Identification Code Qualifier</b>	<b>X</b>	<b>ID 1/2</b>
			Code designating the system/method of code structure used for Identification Code (67) If "XX - NPI" is used, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in the REF in this loop.		
			INDUSTRY: Identification Code Qualifier 24 Employer's Identification Number 34 Social Security Number XX Health Care Financing Administration National Provider Identifier		
<b>Required</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b>	<b>X</b>	<b>AN 2/80</b>
			Code identifying a party or other code ALIAS: Billing Provider Primary Identification Number		
			NSF Reference: BA0-09.0, CA0-28.0, BA0-02.0, BA1-02.0, YA0-02.0, BA0-06.0, BA0-10.0, BA0-12.0, BA0-13.0, BA0-14.0, BA0-15.0, BA0-16.0, BA0-17.0, BA0-24.0, YA0-06.0		
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	INDUSTRY: Billing Provider Identifier <b>Entity Relationship Code</b>	<b>X</b>	<b>ID 2/2</b>
			Code describing entity relationship		
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O</b>	<b>ID 2/3</b>
			Code identifying an organizational entity, a physical location, property or an individual		

**Segment:** **N2 Additional Billing Provider Name Information**

**Position:** 020

**Loop:** 2010AA Optional (Must Use)

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b> Free-form name ALIAS: Billing Provider Additional Name	<b>M AN 1/60</b>
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b> INDUSTRY: Billing Provider Additional Name Free-form name	<b>O AN 1/60</b>

**Segment:** **N3 Billing Provider Address**  
**Position:** 025  
**Loop:** 2010AA Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**

Data Element Summary				
	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>N301</b>	<b>166</b>	<b>Address Information</b> Address information ALIAS: Billing Provider Address 1  NSF Reference: BA1-07.0, BA1-13.0	<b>M AN 1/55</b>
<b>Situatio</b>	<b>N302</b>	<b>166</b>	INDUSTRY: Billing Provider Address Line <b>Address Information</b> Address information Required if a second address line exists.  ALIAS: Billing Provider Address 2  NSF Reference: BA1-08.0, BA1-14.0  INDUSTRY: Billing Provider Address Line	<b>O AN 1/55</b>

<b>Segment:</b>	<b>N4 Billing Provider City/State/ZIP Code</b>
<b>Position:</b>	030
<b>Loop:</b>	2010AA Optional (Must Use)
<b>Level:</b>	Detail
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify the geographic place of the named party
<b>Syntax Notes:</b>	1 If N406 is present, then N405 is required.
<b>Semantic Notes:</b>	
<b>Comments:</b>	1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location. 2 N402 is required only if city name (N401) is in the U.S. or Canada.

Data Element Summary				
	Ref.	Data		
	Des.	Element	Name	Attributes
Required	N401	19	City Name	O AN 2/30
			Free-form text for city name	
			ALIAS: Billing Provider's City	
			NSF Reference: BA1-09.0, BA1-15.0	
Required	N402	156	INDUSTRY: Billing Provider City Name State or Province Code	O ID 2/2
			Code (Standard State/Province) as defined by appropriate government agency	
			ALIAS: Billing Provider's State	
			NSF Reference: BA1-10.0, BA1-16.0	
Required	N403	116	INDUSTRY: Billing Provider State or Province Code Postal Code	O ID 3/15
			Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	
			ALIAS: Billing Provider's Zip Code	
			NSF Reference: BA1-11.0, BA1-17.0	
Situatio	N404	26	INDUSTRY: Billing Provider Postal Zone or ZIP Code Country Code	O ID 2/3
			Code identifying the country	
			Required if the address is out of the U.S.	
			ALIAS: Billing Provider Country Code	
Not Used	N405	309	INDUSTRY: Country Code Location Qualifier	X ID 1/2
			Code identifying type of location	
Not Used	N406	310	Location Identifier	O AN 1/30
			Code which identifies a specific location	

<b>Segment:</b>	<b>REF</b>	<b>Billing Provider Secondary Identification</b>
<b>Position:</b>	035	
<b>Loop:</b>	2010AA	Optional (Must Use)
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	8	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>	
<b>Semantic Notes:</b>	1 REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM108/9 in this loop.	

If the reason the number is being used in this REF can be met by the NPI, carried in the NM108/09 of this loop, then this REF is not used.

If "code XX - NPI" is used in the NM108/09 of this loop, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in this REF. The number sent is the one which is used on the 1099. If additional numbers are needed the REF can be run up to 8 times.

#### Data Element Summary

<b>Ref.</b>	<b>Data</b>	<b>Attributes</b>
<b>Des.</b>	<b>Element Name</b>	
<b>Required</b>	<b>REF01 128 Reference Identification Qualifier</b>	<b>M ID 2/3</b>
	Code qualifying the Reference Identification	
	INDUSTRY: Reference Identification Qualifier	
	0B	State License Number
	1A	Blue Cross Provider Number
	1B	Blue Shield Provider Number
	1C	Medicare Provider Number
	1D	Medicaid Provider Number
	1G	Provider UPIN Number
	1H	CHAMPUS Identification Number
	1J	Facility ID Number
	B3	Preferred Provider Organization Number
	BQ	Health Maintenance Organization Code Number
		A unique number assigned to each individual Health Maintenance Organization (HMO) health insurance plan (assigned by the HMO)
	EI	Employer's Identification Number
	FH	Clinic Number
		A unique number identifying the clinic location that rendered services
	G2	Provider Commercial Number
		A unique number assigned to a provider by a commercial insurer
	G5	Provider Site Number
		A unique code identifying the provider's specific department or office location for internal routing of electronic claims
	LU	Location Number
	SY	Social Security Number



The social security number may not be used for Medicare.

U3 Unique Supplier Identification Number (USIN)  
X5 State Industrial Accident Provider Number

<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier ALIAS: Billing Provider Secondary Identification Number  Corresponds to: BA0-09.0  NSF Reference: CA0-28.0, BA0-02.0, BA1-02.0, YA0-06.0, BA0-06.0, BA0-10.0, BA0-12.0, BA0-13.0, BA0-14.0, BA0-15.0, BA0-16.0, BA0-17.0, BA0-24.0, BA0-08.0, YA0-02.0		
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X</b>	<b>AN 1/80</b>
			A free-form description to clarify the related data elements and their content		
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b>	<b>O</b>	
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier		
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b>	<b>M</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

<b>Segment:</b>	<b>REF</b> Credit/Debit Card Billing Information
<b>Position:</b>	035
<b>Loop:</b>	2010AA Optional (Must Use)
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	8
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	1 REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	See Appendix G for use of this segment.

The information carried under this segment must never be sent to the payer. This information is only for use between a provider and a service organization offering patient collection services. In this case, it is the responsibility of the collection service organization to remove this segment before forwarding the claim to the payer.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 06 System Number A unique number assigned by the manufacturer to identify the initial computer system sold to the customer 8U Bank Assigned Security Identifier EM Electronic Payment Reference Number IJ Standard Industry Classification (SIC) Code LU Location Number RB Rate code number ST Store Number TT Terminal Code A code assigned by a transportation carrier that identifies a freight terminal	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Billing Provider Credit Card Identifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as	<b>X AN 1/30</b>

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<b>Not Used</b>	<b>C04005</b>	<b>128</b>	specified by the Reference Identification Qualifier <b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

<b>Segment:</b>	<b>PER</b> Billing Provider Contact Information
<b>Position:</b>	040
<b>Loop:</b>	2010AA Optional (Must Use)
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	2
<b>Purpose:</b>	To identify a person or office to whom administrative communications should be directed
<b>Syntax Notes:</b>	<b>1</b> If either PER03 or PER04 is present, then the other is required. <b>2</b> If either PER05 or PER06 is present, then the other is required. <b>3</b> If either PER07 or PER08 is present, then the other is required.
<b>Semantic Notes:</b>	
<b>Comments:</b>	
<b>Notes:</b>	Required if this information is different that that contained in the Loop 1000A - Submitter PER segment.

When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g., (534) 224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.

There are 2 repetitions of the PER segment to allow for six possible combination of communication numbers including extensions.

Data Element Summary				
	Ref. Des.	Data Element	Name	Attributes
Required	PER01	366	<b>Contact Function Code</b> Code identifying the major duty or responsibility of the person or group named INDUSTRY: Contact Function Code IC Information Contact	<b>M ID 2/2</b>
Required	PER02	93	<b>Name</b> Free-form name Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1).	<b>O AN 1/60</b>
Required	PER03	365	INDUSTRY: Billing Provider Contact Name <b>Communication Number Qualifier</b> Code identifying the type of communication number INDUSTRY: Communication Number Qualifier EM Electronic Mail FX Facsimile TE Telephone	<b>X ID 2/2</b>
Required	PER04	364	<b>Communication Number</b> Complete communications number including country or area code when applicable NSF Reference: BA1-12.0, BA1-18.0	<b>X AN 1/80</b>
Situatio	PER05	365	INDUSTRY: Communication Number <b>Communication Number Qualifier</b> Code identifying the type of communication number Used at the discretion of the billing provider.	<b>X ID 2/2</b>

			INDUSTRY: Communication Number Qualifier		
			EM	Electronic Mail	
			EX	Telephone Extension	
			FX	Facsimile	
			TE	Telephone	
<b>Situatio</b>	<b>PER06</b>	<b>364</b>	<b>Communication Number</b>		<b>X AN 1/80</b>
			Complete communications number including country or area code when applicable		
			Used at the discretion of the billing provider.		
<b>Situatio</b>	<b>PER07</b>	<b>365</b>	INDUSTRY: Communication Number <b>Communication Number Qualifier</b>		<b>X ID 2/2</b>
			Code identifying the type of communication number		
			Used at the discretion of the billing provider.		
			INDUSTRY: Communication Number Qualifier		
			EM	Electronic Mail	
			EX	Telephone Extension	
			FX	Facsimile	
			TE	Telephone	
<b>Situatio</b>	<b>PER08</b>	<b>364</b>	<b>Communication Number</b>		<b>X AN 1/80</b>
			Complete communications number including country or area code when applicable		
			Used at the discretion of the billing provider.		
<b>Not Used</b>	<b>PER09</b>	<b>443</b>	INDUSTRY: Communication Number <b>Contact Inquiry Reference</b>		<b>O AN 1/20</b>
			Additional reference number or description to clarify a contact number		

<b>Segment:</b>	<b>NM1</b> Pay-to Provider Name
<b>Position:</b>	015
<b>Loop:</b>	2010AB Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	Required if the Pay-to Provider is a different entity than the Billing Provider.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code 87 Pay-to Provider	<b>M ID 2/3</b>
Required	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person If Person is used and if the pay-to provider is the same person as the rendering provider, it is not necessary to use the Rendering Provider NM1 loop at the claim loop (Loop ID-2300). 2 Non-Person Entity If Non-Person Entity is used then the rendering provider NM1 loop (Loop ID-2310B) must be used when appropriate to identify the person who rendered the services.	<b>M ID 1/1</b>
Required	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name ALIAS: Pay-to Provider Last or Organizational Name  NSF Reference: BA0-18.0 or BA0-19.0	<b>O AN 1/35</b>
Situatio	NM104	1036	INDUSTRY: Pay-to Provider Last or Organizational Name <b>Name First</b> Individual first name Required if NM102=1 (person).  ALIAS: Pay-to Provider First Name  NSF Reference: BA0-20.0	<b>O AN 1/25</b>
Situatio	NM105	1037	INDUSTRY: Pay-to Provider First Name <b>Name Middle</b> Individual middle name or initial	<b>O AN 1/25</b>

Required if NM102=1 and the middle name/initial of the person is known.

ALIAS: Pay-to Provider Middle Name

NSF Reference: BA0-21.0

<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	INDUSTRY: Pay-to Provider Middle Name <b>Name Prefix</b>	<b>O</b>	<b>AN 1/10</b>
			Prefix to individual name		
<b>Situatio</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b>	<b>O</b>	<b>AN 1/10</b>
			Suffix to individual name		
			Required if known.		
			ALIAS: Pay-to Provider Name Suffix		
<b>Required</b>	<b>NM108</b>	<b>66</b>	INDUSTRY: Pay-to Provider Name Suffix <b>Identification Code Qualifier</b>	<b>X</b>	<b>ID 1/2</b>
			Code designating the system/method of code structure used for Identification Code (67)		
			If "XX - NPI" is used, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in the REF in this loop.		
			INDUSTRY: Identification Code Qualifier		
			24 Employer's Identification Number		
			34 Social Security Number		
			The social security number may not be used for Medicare.		
			XX Health Care Financing Administration National Provider Identifier		
<b>Required</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b>	<b>X</b>	<b>AN 2/80</b>
			Code identifying a party or other code		
			ALIAS: Pay-to Provider Primary Identification Number		
			NSF Reference: BA0-09.0, CA0-28.0, BA0-02.0, BA1-02.0, YA0-02.0, BA0-06.0, BA0-10.0, BA0-12.0, BA0-13.0, BA0-14.0, BA0-15.0, BA0-16.0, BA0-17.0, BA0-24.0, YA0-06.0		
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	INDUSTRY: Pay-to Provider Identifier <b>Entity Relationship Code</b>	<b>X</b>	<b>ID 2/2</b>
			Code describing entity relationship		
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O</b>	<b>ID 2/3</b>
			Code identifying an organizational entity, a physical location, property or an individual		

**Segment:** **N2** Additional Pay-to Provider Name Information

**Position:** 020

**Loop:** 2010AB Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b> Free-form name ALIAS: Pay-to Provider Additional Name	<b>M AN 1/60</b>
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b> INDUSTRY: Pay-to Provider Additional Name Free-form name	<b>O AN 1/60</b>



**Segment:** **N3** Pay-to Provider Address  
**Position:** 025  
**Loop:** 2010AB Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**

Data Element Summary				
	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>N301</b>	<b>166</b>	<b>Address Information</b> Address information ALIAS: Pay-to Provider Address 1  NSF Reference: BA1-13.0, BA1-07.0	<b>M AN 1/55</b>
<b>Situatio</b>	<b>N302</b>	<b>166</b>	INDUSTRY: Pay-to Provider Address Line <b>Address Information</b> Address information Required if a second address line exists.  ALIAS: Pay-to Provider Address 2  NSF Reference: BA1-14.0, BA1-08.0  INDUSTRY: Pay-to Provider Address Line	<b>O AN 1/55</b>

**Segment:** **N4** Pay-to Provider City/State/ZIP Code

**Position:** 030

**Loop:** 2010AB Optional

**Level:** Detail

**Usage:** Optional (Must Use)

**Max Use:** 1

**Purpose:** To specify the geographic place of the named party

**Syntax Notes:** 1 If N406 is present, then N405 is required.

**Semantic Notes:**

**Comments:**

- 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
- 2 N402 is required only if city name (N401) is in the U.S. or Canada.

Data Element Summary				
	Ref.	Data		
	Des.	Element	Name	Attributes
Required	N401	19	City Name	O AN 2/30
			Free-form text for city name	
			ALIAS: Pay-to Provider City Name	
			NSF Reference: BA1-15.0, BA1-09.0	
Required	N402	156	INDUSTRY: Pay-to Provider City Name State or Province Code	O ID 2/2
			Code (Standard State/Province) as defined by appropriate government agency	
			ALIAS: Pay-to Provider State Code	
			NSF Reference: BA1-16.0, BA1-10.0	
Required	N403	116	INDUSTRY: Pay-to Provider State Code Postal Code	O ID 3/15
			Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	
			ALIAS: Pay-to Provider Zip Code	
			NSF Reference: BA1-17.0, BA1-11.0	
Situatio	N404	26	INDUSTRY: Pay-to Provider Postal Zone or ZIP Code Country Code	O ID 2/3
			Code identifying the country	
			Required if the address is out of the U.S.	
			ALIAS: Pay-to Provider Country Code	
Not Used	N405	309	INDUSTRY: Country Code Location Qualifier	X ID 1/2
			Code identifying type of location	
Not Used	N406	310	Location Identifier	O AN 1/30
			Code which identifies a specific location	

<b>Segment:</b>	<b>REF</b>	<b>Pay-to-Provider Secondary Identification</b>
<b>Position:</b>	035	
<b>Loop:</b>	2010AB	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	5	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>	
<b>Semantic Notes:</b>	1 REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.	

If "code XX - NPI" is used in the NM108/09 of this loop, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in this REF. The number sent is the one which is used on the 1099. If additional numbers are needed the REF can be run up to 5 times.

#### Data Element Summary

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
Required	<u>Des.</u>	<u>Element</u>		
	REF01	128	<b>Reference Identification Qualifier</b>	M ID 2/3
			Code qualifying the Reference Identification	
			INDUSTRY: Reference Identification Qualifier	
			0B State License Number	
			1A Blue Cross Provider Number	
			1B Blue Shield Provider Number	
			1C Medicare Provider Number	
			1D Medicaid Provider Number	
			1G Provider UPIN Number	
			1H CHAMPUS Identification Number	
			1J Facility ID Number	
			B3 Preferred Provider Organization Number	
			BQ Health Maintenance Organization Code Number	
			A unique number assigned to each individual Health Maintenance Organization (HMO) health insurance plan (assigned by the HMO)	
			EI Employer's Identification Number	
			FH Clinic Number	
			A unique number identifying the clinic location that rendered services	
			G2 Provider Commercial Number	
			A unique number assigned to a provider by a commercial insurer	
			G5 Provider Site Number	
			A unique code identifying the provider's specific department or office location for internal routing of electronic claims	
			LU Location Number	
			SY Social Security Number	
			The social security number may not be used for Medicare.	
			U3 Unique Supplier Identification Number (USIN)	

			X5	State Industrial Accident Provider Number		
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>		<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier ALIAS: Pay-to Provider Additional Identifier			
			NSF Reference: BA0-09.0, CA0-28.0, BA0-02.0, BA1-02.0, YA0-02.0, BA0-06.0, BA0-10.0, BA0-12.0, BA0-13.0, BA0-14.0, BA0-15.0, BA0-16.0, BA0-17.0, BA0-24.0, YA0-06.0			
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	INDUSTRY: Pay-to Provider Identifier	<b>X</b>	<b>AN 1/80</b>
			A free-form description to clarify the related data elements and their content			
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b>		<b>O</b>	
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier			
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b>		<b>M</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification			
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b>		<b>M</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier			
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b>		<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification			
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b>		<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier			
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b>		<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification			
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>		<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier			

**Segment: HL Subscriber Hierarchical Level****Position:** 001**Loop:** 2000B Mandatory**Level:** Detail**Usage:** Mandatory**Max Use:** 1**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments**Syntax Notes:****Semantic Notes:****Comments:**

**1** The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.

The HL segment defines a top-down/left-right ordered structure.

**2** HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.

**3** HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.

**4** HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.

**5** HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

**Notes:** If the insured and the patient are the same person, use this HL to identify the insured/patient, skip the subsequent (PATIENT) HL, and proceed directly to Loop ID-2300.

The Subscriber HL contains information about the person who is listed as the subscriber/insured for the destination payer entity (Loop ID-2010BA). The Subscriber HL contains information identifying the subscriber (Loop ID-2010BA), his or her insurance (Loop ID-2010BB), and responsible party (Loop ID-2010BC). In addition, information about the credit/debit card holder is placed in this HL (Loop ID-2010BD). The credit/debit card holder may or may not be the subscriber. See Appendix G, Credit/Debit Card Use, for a description of using Loop ID-2010BD.

Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 syntax rules.

Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Subscriber Hierarchical Level loops, there is an implied maximum of 5000.

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>HL01</b>	<b>628</b>	<b>Hierarchical ID Number</b>	<b>M AN 1/12</b>
			A unique number assigned by the sender to identify a particular data segment in a hierarchical structure INDUSTRY: Hierarchical ID Number	
<b>Required</b>	<b>HL02</b>	<b>734</b>	<b>Hierarchical Parent ID Number</b>	<b>O AN 1/12</b>
			Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to INDUSTRY: Hierarchical Parent ID Number	

<b>Required</b>	<b>HL03</b>	<b>735</b>	<b>Hierarchical Level Code</b>	<b>M ID 1/2</b>
			Code defining the characteristic of a level in a hierarchical structure	
			INDUSTRY: Hierarchical Level Code	
		22	Subscriber	
			Identifies the employee or group member who is covered for insurance and to whom, or on behalf of whom, the insurer agrees to pay benefits	
<b>Required</b>	<b>HL04</b>	<b>736</b>	<b>Hierarchical Child Code</b>	<b>O ID 1/1</b>
			Code indicating if there are hierarchical child data segments subordinate to the level being described	
			The claim loop (Loop ID-2300) can be used both when HL04 has no subordinate levels (HL04 = 0) or when HL04 has subordinate levels indicated (HL04 = 1).	
			In the first case (HL04 = 0), the subscriber is the patient and there are no dependent claims. The second case (HL04 = 1) happens when claims/encounters for both the subscriber and a dependent of theirs are being sent under the same billing provider HL (e.g., a father and son are both involved in the same automobile accident and are treated by the same provider). In that case, the subscriber HL04 = 1 because there is a dependent to this subscriber, but the 2300 loop for the subscriber/patient (father) would begin after the subscriber HL. The dependent HL (son) would then be run and the 2300 loop for the dependent/patient would be run after that HL. HL04=1 would also be used when a claim/encounter for a only a dependent is being sent.	
			INDUSTRY: Hierarchical Child Code	
		0	No Subordinate HL Segment in This Hierarchical Structure.	
		1	Additional Subordinate HL Data Segment in This Hierarchical Structure.	

**Segment:****SBR** **Subscriber Information****Position:**

005

**Loop:**

2000B Mandatory

**Level:**

Detail

**Usage:**

Optional (Must Use)

**Max Use:**

1

**Purpose:**

To record information specific to the primary insured and the insurance carrier for that insured

**Syntax Notes:****Semantic Notes:**

- 1 SBR02 specifies the relationship to the person insured.
- 2 SBR03 is policy or group number.
- 3 SBR04 is plan name.
- 4 SBR07 is destination payer code. A "Y" value indicates the payer is the destination payer; an "N" value indicates the payer is not the destination payer.

**Comments:****Data Element Summary**

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>SBR01</b>	<b>1138</b>	<b>Payer Responsibility Sequence Number Code</b>	<b>M ID 1/1</b>
			Code identifying the insurance carrier's level of responsibility for a payment of a claim	
			ALIAS: Payer Responsibility Sequence Number Code	
			NSF Reference: DA1-02.0, DA0-02.0, DA2-02.0	
			INDUSTRY: Payer Responsibility Sequence Number Code	
			P Primary	
			S Secondary	
			T Tertiary	
			Use to indicate 'payer of last resort'.	
<b>Situatio</b>	<b>SBR02</b>	<b>1069</b>	<b>Individual Relationship Code</b>	<b>O ID 2/2</b>
			Code indicating the relationship between two individuals or entities	
			Required when the subscriber is the same person as the patient. If the subscriber is not the same person as the patient, do not use this element.	
			ALIAS: Relationship Code	
			NSF Reference: DA0-17.0	
			INDUSTRY: Individual Relationship Code	
			18 Self	
<b>Situatio</b>	<b>SBR03</b>	<b>127</b>	<b>Reference Identification</b>	<b>O AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			Required if the subscriber's payer identification includes Group or Plan Number. This data element is intended to carry the subscriber's Group Number, not the number that uniquely identifies the subscriber (Subscriber ID, Loop 2010BA-NM109).	
			ALIAS: Group or Policy Number	
			NSF Reference: DA0-10.0	
			INDUSTRY: Insured Group or Policy Number	
<b>Situatio</b>	<b>SBR04</b>	<b>93</b>	<b>Name</b>	<b>O AN 1/60</b>

Free-form name

Required if the subscriber's payer identification includes a Group or Plan Name.

ALIAS: Group or Plan Name

NSF Reference: DA0-11.0

<b>Situatio</b>	<b>SBR05</b>	<b>1336</b>	<b>INDUSTRY: Insured Group Name</b> <b>Insurance Type Code</b> <b>O ID 1/3</b> Code identifying the type of insurance policy within a specific insurance program Required when the destination payer (Loop 2010BB) is Medicare and Medicare is not the primary payer (SBR01 equals "S" or "T").  ALIAS: Insurance type code  NSF Reference: DA0-06.0  <b>INDUSTRY: Insurance Type Code</b> 12 Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan 13 Medicare Secondary End-Stage Renal Disease Beneficiary in the 12 month coordination period with an employer's group health plan 14 Medicare Secondary, No-fault Insurance including Auto is Primary 15 Medicare Secondary Worker's Compensation 16 Medicare Secondary Public Health Service (PHS) or Other Federal Agency 41 Medicare Secondary Black Lung 42 Medicare Secondary Veteran's Administration 43 Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP) 47 Medicare Secondary, Other Liability Insurance is Primary
<b>Not Used</b>	<b>SBR06</b>	<b>1143</b>	<b>Coordination of Benefits Code</b> <b>O ID 1/1</b> Code identifying whether there is a coordination of benefits
<b>Not Used</b>	<b>SBR07</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b> <b>O ID 1/1</b> Code indicating a Yes or No condition or response
<b>Not Used</b>	<b>SBR08</b>	<b>584</b>	<b>Employment Status Code</b> <b>O ID 2/2</b> Code showing the general employment status of an employee/claimant
<b>Situatio</b>	<b>SBR09</b>	<b>1032</b>	<b>Claim Filing Indicator Code</b> <b>O ID 1/2</b> Code identifying type of claim Required prior to mandated used of PlanID. Not used after PlanID is mandated.  ALIAS: Claim Filing Indicator Code  <b>INDUSTRY: Claim Filing Indicator Code</b> 09 Self-pay 10 Central Certification CA0-23.0 (K), DA0-05.0 (K) 11 Other Non-Federal Programs 12 Preferred Provider Organization (PPO) 13 Point of Service (POS) 14 Exclusive Provider Organization (EPO)



15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk
AM	Automobile Medical
BL	Blue Cross/Blue Shield
	CA0-23.0 (G), DA0-05.0 (G), CA0-23.0 (P), DA0-05.0 (P)
CH	Champus
	CA0-23.0 (H), DA0-05.0 (H)
CI	Commercial Insurance Co.
	CA0-23.0 (F), DA0-05.0 (F)
DS	Disability
HM	Health Maintenance Organization
	CA0-23.0 (I), DA0-05.0 (I)
LI	Liability
LM	Liability Medical
MB	Medicare Part B
	CA0-23.0 (C), DA0-05.0 (C)
MC	Medicaid
	CA0-23.0 (D), DA0-05.0 (D)
OF	Other Federal Program
	CA0-23.0 (E), DA0-05.0 (E)
TV	Title V
	DA0-05.0 (T)
VA	Veteran Administration Plan
	DA0-05.0 (V)
WC	Workers' Compensation Health Claim
	CA0-23.0 (B), DA0-05.0 (B)
ZZ	Mutually Defined
	CA0-23.0 (Z), DA0-05.0 (Z)

<b>Segment:</b>	<b>PAT</b> <b>Patient Information</b>
<b>Position:</b>	007
<b>Loop:</b>	2000B Mandatory
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply patient information
<b>Syntax Notes:</b>	<b>1</b> If either PAT05 or PAT06 is present, then the other is required. <b>2</b> If either PAT07 or PAT08 is present, then the other is required.
<b>Semantic Notes:</b>	<b>1</b> PAT06 is the date of death. <b>2</b> PAT08 is the patient's weight. <b>3</b> PAT09 indicates whether the patient is pregnant or not pregnant. Code "Y" indicates the patient is pregnant; code "N" indicates the patient is not pregnant.
<b>Comments:</b>	
<b>Notes:</b>	Required if the subscriber is the same person as the patient (Loop ID-2000B SBR02=18), and information in this PAT segment (date of death, and/or patient weight) is necessary to file the claim/encounter (see PAT05, 06, 07, and 08).

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
Not Used	PAT01	1069	<b>Individual Relationship Code</b> Code indicating the relationship between two individuals or entities	<b>O ID 2/2</b>
Not Used	PAT02	1384	<b>Patient Location Code</b> Code identifying the location where patient is receiving medical treatment	<b>O ID 1/1</b>
Not Used	PAT03	584	<b>Employment Status Code</b> Code showing the general employment status of an employee/claimant	<b>O ID 2/2</b>
Not Used	PAT04	1220	<b>Student Status Code</b> Code indicating the student status of the patient if 19 years of age or older, not handicapped and not the insured	<b>O ID 1/1</b>
Situatio	PAT05	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format Required if patient is known to be deceased.  INDUSTRY: Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD	<b>X ID 2/3</b>
Situatio	PAT06	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times Required if patient is known to be deceased.  ALIAS: Date of Death  NSF Reference: CA0-21.0	<b>X AN 1/35</b>
Situatio	PAT07	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Required on claims/encounters for delivery services (newborn's birthweight).  INDUSTRY: Unit or Basis for Measurement Code GR Gram This data element is used when the patient's age is less than 29 days old.	<b>X ID 2/2</b>
Situatio	PAT08	81	<b>Weight</b> Numeric value of weight	<b>X R 1/10</b>

This data element is used when the patient's age is less than 29 days. Required on (1) claims/encounters for delivery services (newborn's birthweight) and (2) claims/encounters involving EPO (epoetin) for patients on dialysis and Medicare Durable Medical Equipment Regional Carriers certificate of medical necessity (DMERC CMN) 02.03 and 10.02.

ALIAS: Patient Weight

NSF Reference: FA0-44.0, GU0-17.0

**Situatio**

**PAT09**

**1073**

INDUSTRY: Patient Weight

**Yes/No Condition or Response Code**

**O ID 1/1**

Code indicating a Yes or No condition or response

Required when required by state law (e.g., Indiana Medicaid). The "Y" code indicates the patient/subscriber is pregnant. If PAT09 is not used it indicates that the patient/subscriber is not pregnant.

ALIAS: Pregnancy Indicator

INDUSTRY: Pregnancy Indicator

Y

Yes

<b>Segment:</b>	<b>NM1</b> Subscriber Name
<b>Position:</b>	015
<b>Loop:</b>	2010BA Optional (Must Use)
<b>Level:</b>	Detail
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	In worker's compensation or other property and casualty claims, the "subscriber" may be a non-person entity (i.e., the employer). However, this varies by state.

Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 syntax rules.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code IL Insured or Subscriber	<b>M</b> ID 2/3
Required	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person 2 Non-Person Entity	<b>M</b> ID 1/1
Required	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name ALIAS: Subscriber Last Name  NSF Reference: CA0-04.0, DA0-19.0	<b>O</b> AN 1/35
Situatio	NM104	1036	INDUSTRY: Subscriber Last Name <b>Name First</b> Individual first name Required if NM102=1 (person).  ALIAS: Subscriber First Name  NSF Reference: CA0-05.0, DA0-20.0	<b>O</b> AN 1/25
Situatio	NM105	1037	INDUSTRY: Subscriber First Name <b>Name Middle</b> Individual middle name or initial Required if NM102=1 and the middle name/initial of the person is known.  ALIAS: Subscriber Middle Name  NSF Reference: CA0-06.0, DA0-21.0	<b>O</b> AN 1/25
Not Used	NM106	1038	INDUSTRY: Subscriber Middle Name <b>Name Prefix</b>	<b>O</b> AN 1/10

			Prefix to individual name	
<b>Situatio</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name Required if known.  Examples: I, II, III, IV, Jr, Sr  ALIAS: Subscriber Generation  NSF Reference: CA0-07.0, DA0-22.0	<b>O AN 1/10</b>
<b>Situatio</b>	<b>NM108</b>	<b>66</b>	INDUSTRY: Subscriber Name Suffix <b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) Required if NM102 = 1 (person)  INDUSTRY: Identification Code Qualifier MI Member Identification Number The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number. Therefore the 837 Professional Workgroup recommends using MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Health Insurance Claim Number (HIC), etc. MI is also intended to be used in claims submitted to the Indian Health Service/Contract Health Services (IHS/CHS) Fiscal Intermediary for the purpose of reporting the Tribe Residency Code (Tribe County State). In the event that a Social Security Number is also available on an IHS/CHS claim, put the SSN in REF02. ZZ Mutually Defined The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.	<b>X ID 1/2</b>
<b>Situatio</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code Required if NM102 = 1 (person)  ALIAS: Subscriber Primary Identifier  NSF Reference: DA0-18.0, CA1-05.0, CA1-06.0	<b>X AN 2/80</b>
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	INDUSTRY: Subscriber Primary Identifier <b>Entity Relationship Code</b> Code describing entity relationship	<b>X ID 2/2</b>
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	<b>O ID 2/3</b>

**Segment:** **N2 Additional Subscriber Name Information**  
**Position:** 020  
**Loop:** 2010BA Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify additional names or those longer than 35 characters in length  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b><u>Name</u></b>	<b><u>Attributes</u></b>
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b> Free-form name ALIAS: Subscriber's Additional Name Information	<b>M AN 1/60</b>
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b> INDUSTRY: Subscriber Supplemental Description Free-form name	<b>O AN 1/60</b>

**Segment:** **N3** **Subscriber Address**

**Position:** 025

**Loop:** 2010BA Optional (Must Use)

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify the location of the named party

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if the patient is the same person as the subscriber. (Required when Loop ID-2000B, SBR02=18 (self)).

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>N301</b>	<b>166</b>	<b>Address Information</b> Address information ALIAS: Subscriber Address 1  NSF Reference: CA0-11.0, DA2-04.0	<b>M AN 1/55</b>
<b>Situatio</b>	<b>N302</b>	<b>166</b>	<b>Address Information</b> Address information Required if a second address line exists.  ALIAS: Subscriber Address 2  NSF Reference: CA0-12.0, DA2-05.0  INDUSTRY: Subscriber Address Line	<b>O AN 1/55</b>

**Segment:** **N4** **Subscriber City/State/ZIP Code**

**Position:** 030

**Loop:** 2010BA Optional (Must Use)

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify the geographic place of the named party

**Syntax Notes:** 1 If N406 is present, then N405 is required.

**Semantic Notes:**

**Comments:** 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.  
2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** Required if the patient is the same person as the subscriber. (Required when Loop ID-2000B, SBR02=18 (self)).

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>N401</b>	<b>19</b>	<b>City Name</b> Free-form text for city name ALIAS: Subscriber City Name  NSF Reference: DA2-06.0, CA0-13.0	<b>O AN 2/30</b>
<b>Required</b>	<b>N402</b>	<b>156</b>	INDUSTRY: Subscriber City Name <b>State or Province Code</b> Code (Standard State/Province) as defined by appropriate government agency ALIAS: Subscriber State Code  NSF Reference: CA0-14.0, DA2-07.0	<b>O ID 2/2</b>
<b>Required</b>	<b>N403</b>	<b>116</b>	INDUSTRY: Subscriber State Code <b>Postal Code</b> Code defining international postal zone code excluding punctuation and blanks (zip code for United States) ALIAS: Subscriber Zip Code  NSF Reference: CA0-15.0, DA2-08.0	<b>O ID 3/15</b>
<b>Situatio</b>	<b>N404</b>	<b>26</b>	INDUSTRY: Subscriber Postal Zone or ZIP Code <b>Country Code</b> Code identifying the country Required if the address is out of the U.S.  ALIAS: Subscriber Country Code	<b>O ID 2/3</b>
<b>Not Used</b>	<b>N405</b>	<b>309</b>	INDUSTRY: Country Code <b>Location Qualifier</b> Code identifying type of location	<b>X ID 1/2</b>
<b>Not Used</b>	<b>N406</b>	<b>310</b>	<b>Location Identifier</b> Code which identifies a specific location	<b>O AN 1/30</b>



<b>Segment:</b>	<b>DMG</b>	<b>Subscriber Demographic Information</b>
<b>Position:</b>	032	
<b>Loop:</b>	2010BA	Optional (Must Use)
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To supply demographic information	
<b>Syntax Notes:</b>	1 If either DMG01 or DMG02 is present, then the other is required.	
<b>Semantic Notes:</b>	1	DMG02 is the date of birth.
	2	DMG07 is the country of citizenship.
	3	DMG09 is the age in years.
<b>Comments:</b>		
<b>Notes:</b>	Required if the patient is the same person as the subscriber. (Required when Loop ID-2000B, SBR02=18 (self)).	

## Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	DMG01	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format INDUSTRY: Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD	<b>X ID 2/3</b>
Required	DMG02	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times ALIAS: Patient Birth Date  Date of Birth - Patient  NSF Reference: CA0-08.0, DA0-24.0	<b>X AN 1/35</b>
Required	DMG03	1068	INDUSTRY: Subscriber Birth Date <b>Gender Code</b> Code indicating the sex of the individual ALIAS: Patient Gender Code  Gender - Patient  NSF Reference: CA0-09.0, DA0-23.0  INDUSTRY: Subscriber Gender Code F Female M Male U Unknown	<b>O ID 1/1</b>
Not Used	DMG04	1067	<b>Marital Status Code</b> Code defining the marital status of a person	<b>O ID 1/1</b>
Not Used	DMG05	1109	<b>Race or Ethnicity Code</b> Code indicating the racial or ethnic background of a person; it is normally self-reported; Under certain circumstances this information is collected for United States Government statistical purposes	<b>O ID 1/1</b>
Not Used	DMG06	1066	<b>Citizenship Status Code</b> Code indicating citizenship status	<b>O ID 1/2</b>
Not Used	DMG07	26	<b>Country Code</b> Code identifying the country	<b>O ID 2/3</b>
Not Used	DMG08	659	<b>Basis of Verification Code</b> Code indicating the basis of verification	<b>O ID 1/2</b>

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Not Used

DMG09

380

Quantity

Numeric value of quantity

O R 1/15

<b>Segment:</b>	<b>REF</b>	<b>Subscriber Secondary Identification</b>
<b>Position:</b>	035	
<b>Loop:</b>	2010BA	Optional (Must Use)
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	4	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.	

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 1W Member Identification Number Unique identification number assigned to each member under a subscriber's contract If NM108 = M1 do not use this code. 23 Client Number This code is intended to be used only in claims submitted to the Indian Health Service/Contract Health Services (IHS/CHS) Fiscal Intermediary for the purpose of reporting the Health Record Number. IG Insurance Policy Number SY Social Security Number The social security number may not be used for Medicare.	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Subscriber Supplemental Identifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>

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**Not Used**

**C04006**

**127**

**Reference Identification**

**X AN 1/30**

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

<b>Segment:</b>	<b>REF</b> <b>Property and Casualty Claim Number</b>
<b>Position:</b>	035
<b>Loop:</b>	2010BA Optional (Must Use)
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	In the case where the patient is the same person as the subscriber, the property and casualty claim number is placed in Loop ID-2010BA. In the case where the patient is a different person than the subscriber, this number is placed in Loop ID-2010CA. This number should be transmitted in only one place.

This is a property and casualty payer-assigned claim number. It is required on property and casualty claims. Providers receive this number from the property and casualty payer during eligibility determinations or some other communication with that payer. See Section 4.2, Property and Casualty, for additional information about property and casualty claims.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>Des.</b>	<b>Element</b>		
	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			INDUSTRY: Reference Identification Qualifier	
			Y4 Agency Claim Number	
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			INDUSTRY: Property Casualty Claim Number	
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b>	<b>O</b>
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b>	<b>M AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X ID 2/3</b>
			Code qualifying the Reference Identification	
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X ID 2/3</b>
			Code qualifying the Reference Identification	
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	

**Segment:** **NM1** **Payer Name**  
**Position:** 015  
**Loop:** 2010BB Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
 2 If NM111 is present, then NM110 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
**Notes:** This is the destination payer.

Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 syntax rules.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code PR Payer	M ID 2/3
Required	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 2 Non-Person Entity	M ID 1/1
Required	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name ALIAS: Payer Name  NSF Reference: DA0-09.0  INDUSTRY: Payer Name	O AN 1/35
Not Used	NM104	1036	<b>Name First</b> Individual first name	O AN 1/25
Not Used	NM105	1037	<b>Name Middle</b> Individual middle name or initial	O AN 1/25
Not Used	NM106	1038	<b>Name Prefix</b> Prefix to individual name	O AN 1/10
Not Used	NM107	1039	<b>Name Suffix</b> Suffix to individual name	O AN 1/10
Required	NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) INDUSTRY: Identification Code Qualifier PI Payor Identification XV Health Care Financing Administration National Payer Identification Number (PAYERID)	X ID 1/2
Required	NM109	67	<b>Identification Code</b> Code identifying a party or other code ALIAS: Payer Primary Identifier  NSF Reference: DA0-07.0	X AN 2/80

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Not Used	NM110	706	INDUSTRY: Payer Identifier	X	ID 2/2
			Entity Relationship Code		
			Code describing entity relationship		
Not Used	NM111	98	Entity Identifier Code	O	ID 2/3
			Code identifying an organizational entity, a physical location, property or an individual		

**Segment:** **N2 Additional Payer Name Information**

**Position:** 020

**Loop:** 2010BB Optional (Must Use)

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b> Free-form name ALIAS: Payer Additional Name Information	<b>M AN 1/60</b>
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b> INDUSTRY: Payer Additional Name Free-form name	<b>O AN 1/60</b>



**Segment:** **N3** Payer Address

**Position:** 025

**Loop:** 2010BB Optional (Must Use)

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify the location of the named party

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Payer Address is required when the submitter intends for the claim to be printed on paper at the next EDI location (e.g., a clearinghouse).

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	N301	166	Address Information Address information ALIAS: Payer Address 1  NSF Reference: DA1-04.0	M AN 1/55
Situatio	N302	166	INDUSTRY: Payer Address Line Address Information Address information Required if a second address line exists.  ALIAS: Payer Address 2  NSF Reference: DA1-05.0  INDUSTRY: Payer Address Line	O AN 1/55

**Segment:** **N4** Payer City/State/ZIP Code

**Position:** 030

**Loop:** 2010BB Optional (Must Use)

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify the geographic place of the named party

**Syntax Notes:** 1 If N406 is present, then N405 is required.

**Semantic Notes:**

**Comments:** 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.  
2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** Payer Address is required when the submitter intends for the claim to be printed on paper at the next EDI location (e.g., a clearinghouse).

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>N401</b>	<b>19</b>	<b>City Name</b> Free-form text for city name ALIAS: Payer City Name  NSF Reference: DA1-06.0	<b>O AN 2/30</b>
<b>Required</b>	<b>N402</b>	<b>156</b>	INDUSTRY: Payer City Name <b>State or Province Code</b> Code (Standard State/Province) as defined by appropriate government agency ALIAS: Payer State Code  NSF Reference: DA1-07.0	<b>O ID 2/2</b>
<b>Required</b>	<b>N403</b>	<b>116</b>	INDUSTRY: Payer State Code <b>Postal Code</b> Code defining international postal zone code excluding punctuation and blanks (zip code for United States) ALIAS: Payer Zip Code  NSF Reference: DA1-08.0	<b>O ID 3/15</b>
<b>Situatio</b>	<b>N404</b>	<b>26</b>	INDUSTRY: Payer Postal Zone or ZIP Code <b>Country Code</b> Code identifying the country Required if the address is out of the U.S.  ALIAS: Payer Country Code	<b>O ID 2/3</b>
<b>Not Used</b>	<b>N405</b>	<b>309</b>	INDUSTRY: Country Code <b>Location Qualifier</b> Code identifying type of location	<b>X ID 1/2</b>
<b>Not Used</b>	<b>N406</b>	<b>310</b>	<b>Location Identifier</b> Code which identifies a specific location	<b>O AN 1/30</b>

<b>Segment:</b>	<b>REF</b>	<b>Payer Secondary Identification</b>
<b>Position:</b>	035	
<b>Loop:</b>	2010BB	Optional (Must Use)
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	3	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required if additional identification numbers other than the primary identification number in NM108/09 in this loop are necessary to adjudicate the claim/encounter.	

## Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 2U Payer Identification Number Used to identify any payer. FY Claim Office Number NF The identification of the specific payer's location designated as responsible for the submitted claim National Association of Insurance Commissioners (NAIC) Code A unique number assigned to each insurance company TJ Federal Taxpayer's Identification Number	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier NSF Reference: DA0-08.0	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> INDUSTRY: Payer Additional Identifier A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as	<b>X AN 1/30</b>

specified by the Reference Identification Qualifier

<b>Segment:</b>	<b>NM1</b> Responsible Party Name
<b>Position:</b>	015
<b>Loop:</b>	2010BC Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	In general terms, the responsible party is someone who is not the subscriber/patient but who has financial responsibility for the bill.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required for Medicare claims where there is a representative but the provider of medical services has neither the responsible party's signature nor the patient's signature on file.

When a Medicare beneficiary is unable to execute a request for payment because of a mental or physical condition, the request may be executed on the beneficiary's behalf by a legal guardian, representative payee, relative, friend, an employee of the institution providing care, or an employee of a governmental agency providing assistance. In this circumstance, unless the requester is a representative payee for the beneficiary, the claim must show the signature and address of the requester with an attached statement explaining the relationship between the requester and the beneficiary, and why the beneficiary can't sign. This information must be on the claim unless it is on file with the provider.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual NSF Reference: CA0-25.0  INDUSTRY: Entity Identifier Code QD Responsible Party Person responsible for the affairs of the person having services rendered	M ID 2/3
Required	NM102	1065	Entity Type Qualifier Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person 2 Non-Person Entity	M ID 1/1
Required	NM103	1035	Name Last or Organization Name Individual last name or organizational name ALIAS: Responsible Party Last or Organization Name  NSF Reference: CB0-04.0	O AN 1/35
Situatio	NM104	1036	INDUSTRY: Responsible Party Last or Organization Name Name First Individual first name Required if NM102=1 (person).	O AN 1/25

ALIAS: Responsible Party First Name

NSF Reference: CB0-05.0

<b>Situatio</b>	<b>NM105</b>	<b>1037</b>	INDUSTRY: Responsible Party First Name <b>Name Middle</b>	<b>O</b>	<b>AN 1/25</b>
			Individual middle name or initial Required if NM102=1 and the middle name/initial of the person is known.		

ALIAS: Responsible Party Middle Name

NSF Reference: CB0-06.0

<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	INDUSTRY: Responsible Party Middle Name <b>Name Prefix</b>	<b>O</b>	<b>AN 1/10</b>
			Prefix to individual name		
<b>Situatio</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b>	<b>O</b>	<b>AN 1/10</b>
			Suffix to individual name Required if known.		

ALIAS: Responsible Party Generation

<b>Not Used</b>	<b>NM108</b>	<b>66</b>	INDUSTRY: Responsible Party Suffix Name <b>Identification Code Qualifier</b>	<b>X</b>	<b>ID 1/2</b>
			Code designating the system/method of code structure used for Identification Code (67)		
<b>Not Used</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b>	<b>X</b>	<b>AN 2/80</b>
			Code identifying a party or other code		
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	<b>Entity Relationship Code</b>	<b>X</b>	<b>ID 2/2</b>
			Code describing entity relationship		
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O</b>	<b>ID 2/3</b>
			Code identifying an organizational entity, a physical location, property or an individual		

**Segment:** **N2 Additional Responsible Party Name Information**

**Position:** 020

**Loop:** 2010BC Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b> Free-form name ALIAS: Responsible Party Additional Name Information	<b>M AN 1/60</b>
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b> INDUSTRY: Responsible Party Additional Name Free-form name	<b>O AN 1/60</b>

**Segment:** **N3** Responsible Party Address  
**Position:** 025  
**Loop:** 2010BC Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>N301</b>	<b>166</b>	<b>Address Information</b> Address information ALIAS: Responsible Party Address 1  NSF Reference: CB0-07.0	<b>M AN 1/55</b>
<b>Situatio</b>	<b>N302</b>	<b>166</b>	<b>Address Information</b> INDUSTRY: Responsible Party Address Line Address information Required if a second address line exists.  ALIAS: Responsible Party Address 2  NSF Reference: CB0-08.0  INDUSTRY: Responsible Party Address Line	<b>O AN 1/55</b>



<b>Segment:</b>	<b>N4 Responsible Party City/State/ZIP Code</b>
<b>Position:</b>	030
<b>Loop:</b>	2010BC Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify the geographic place of the named party
<b>Syntax Notes:</b>	1 If N406 is present, then N405 is required.
<b>Semantic Notes:</b>	
<b>Comments:</b>	1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location. 2 N402 is required only if city name (N401) is in the U.S. or Canada.

Data Element Summary				
	Ref.	Data		
	Des.	Element	Name	Attributes
Required	N401	19	City Name	O AN 2/30
			Free-form text for city name	
			ALIAS: Responsible Party City Name	
			NSF Reference: CB0-09.0	
Required	N402	156	INDUSTRY: Responsible Party City Name State or Province Code	O ID 2/2
			Code (Standard State/Province) as defined by appropriate government agency	
			ALIAS: Responsible Party State Code	
			NSF Reference: CB0-10.0	
Required	N403	116	INDUSTRY: Responsible Party State Code Postal Code	O ID 3/15
			Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	
			ALIAS: Responsible Party Zip Code	
			NSF Reference: CB0-11.0	
Situatio	N404	26	INDUSTRY: Responsible Party Postal Zone or ZIP Code Country Code	O ID 2/3
			Code identifying the country	
			Required if the address is out of the U.S.	
			ALIAS: Responsible Party Country Code	
Not Used	N405	309	INDUSTRY: Country Code Location Qualifier	X ID 1/2
			Code identifying type of location	
Not Used	N406	310	Location Identifier	O AN 1/30
			Code which identifies a specific location	

<b>Segment:</b>	<b>NM1</b> Credit/Debit Card Holder Name
<b>Position:</b>	015
<b>Loop:</b>	2010BD Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	It is not intended that credit/debit card information be conveyed to a health care payer. Trading partners are responsible for ensuring that no federal or state privacy regulations are violated if credit/debit card information is carried in the transmission.

The information carried under this segment must never be sent to the payer. This information is only for use between a provider and a service organization offering patient collection services. In this case, it is the responsibility of the collection service organization to remove this segment before forwarding the claim to the payer.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>NM101</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code AO Account Of	<b>M ID 2/3</b>
<b>Required</b>	<b>NM102</b>	<b>1065</b>	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person 2 Non-Person Entity	<b>M ID 1/1</b>
<b>Required</b>	<b>NM103</b>	<b>1035</b>	<b>Name Last or Organization Name</b> Individual last name or organizational name ALIAS: Credit/Debit Card Holder Name	<b>O AN 1/35</b>
<b>Situatio</b>	<b>NM104</b>	<b>1036</b>	INDUSTRY: Credit or Debit Card Holder Last or Organizational Name <b>Name First</b> Individual first name Required if NM102=1 (person). ALIAS: Credit/Debit Card Holder Name	<b>O AN 1/25</b>
<b>Situatio</b>	<b>NM105</b>	<b>1037</b>	INDUSTRY: Credit or Debit Card Holder First Name <b>Name Middle</b> Individual middle name or initial Required if NM102=1 and the middle name/initial of the person is known. ALIAS: Credit/Debit Card Holder Name	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	INDUSTRY: Credit or Debit Card Holder Middle Name <b>Name Prefix</b> Prefix to individual name	<b>O AN 1/10</b>
<b>Situatio</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name	<b>O AN 1/10</b>

Required if known.

ALIAS: Credit/Debit Card Holder Name

<b>Required</b>	<b>NM108</b>	<b>66</b>	INDUSTRY: Credit or Debit Card Holder Name Suffix <b>Identification Code Qualifier</b>	<b>X</b>	<b>ID 1/2</b>
			Code designating the system/method of code structure used for Identification Code (67)		
			INDUSTRY: Identification Code Qualifier		
			MI Member Identification Number		
<b>Required</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b>	<b>X</b>	<b>AN 2/80</b>
			Code identifying a party or other code		
			ALIAS: Credit/Debit Card Number		
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	INDUSTRY: Credit or Debit Card Number <b>Entity Relationship Code</b>	<b>X</b>	<b>ID 2/2</b>
			Code describing entity relationship		
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O</b>	<b>ID 2/3</b>
			Code identifying an organizational entity, a physical location, property or an individual		

**Segment:** **N2 Additional Credit/Debit Card Holder Name Information**

**Position:** 020

**Loop:** 2010BD Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

The information carried under this segment must never be sent to the payer. This information is only for use between a provider and a service organization offering patient collection services. In this case, it is the responsibility of the collection service organization to remove this segment before forwarding the claim to the payer.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b> Free-form name ALIAS: Credit-Debit Card Holder Additional Name Information	<b>M AN 1/60</b>
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b> INDUSTRY: Credit or Debit Card Holder Additional Name Free-form name	<b>O AN 1/60</b>

<b>Segment:</b>	<b>REF Credit/Debit Card Information</b>
<b>Position:</b>	035
<b>Loop:</b>	2010BD Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	2
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	1 REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	The information carried under this segment must never be sent to the payer. This information is only for use between a provider and a service organization offering patient collection services. In this case, it is the responsibility of the collection service organization to remove this segment before forwarding the claim to the payer.

## Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier AB Acceptable Source Purchaser ID BB Authorization Number Proves that permission was obtained to provide a service	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier ALIAS: Credit or Debit Card Authorization Number INDUSTRY: Credit or Debit Card Authorization Number	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>

<b>Segment:</b>	<b>CLM</b> Claim Information
<b>Position:</b>	130
<b>Loop:</b>	2300 Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify basic data about the claim
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	<ol style="list-style-type: none"> <li>1 CLM02 is the total amount of all submitted charges of service segments for this claim.</li> <li>2 CLM06 is provider signature on file indicator. A "Y" value indicates the provider signature is on file; an "N" value indicates the provider signature is not on file.</li> <li>3 CLM08 is assignment of benefits indicator. A "Y" value indicates insured or authorized person authorizes benefits to be assigned to the provider; an "N" value indicates benefits have not been assigned to the provider.</li> <li>4 CLM13 is CHAMPUS nonavailability indicator. A "Y" value indicates a statement of non-availability is on file; an "N" value indicates statement of nonavailability is not on file or not necessary.</li> <li>5 CLM15 is charges itemized by service indicator. A "Y" value indicates charges are itemized by service; an "N" value indicates charges are summarized by service.</li> <li>6 CLM18 is explanation of benefit (EOB) indicator. A "Y" value indicates that a paper EOB is requested; an "N" value indicates that no paper EOB is requested.</li> </ol>
<b>Comments:</b>	
<b>Notes:</b>	Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 syntax rules.

The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. There is no recommended limit to the number of ST-SE transactions within a GS-GE or ISA-IEA. Willing trading partners can agree to set limits higher.

For purposes of this documentation, the claim detail information is presented only in the dependent level. Specific claim detail information can be given in either the subscriber or the dependent hierarchical level. Because of this the claim information is said to "float." Claim information is positioned in the same hierarchical level that describes its owner-participant, either the subscriber or the dependent. In other words, the claim information, loop 2300, is placed following loop 2010BD in the subscriber hierarchical level when the patient is the subscriber, or it is placed at the patient/dependent hierarchical level when the patient is the dependent of the subscriber as shown here. When the patient is the subscriber, loops 2000C and 2010CA are not sent. See 2.3.2.1, HL Segment, for details.

#### Data Element Summary

Ref.	Data		
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	CLM01	1028 Claim Submitter's Identifier	M AN 1/38
		Identifier used to track a claim from creation by the health care provider through payment	
		The number that the submitter transmits in this position is echoed back to the submitter in the 835 and other transactions. This permits the submitter to use the value in this field as a key in the submitter's system to match the claim to the payment information returned in the 835 transaction. The two recommended identifiers are either the Patient Account Number or the Claim Number in the billing submitter's patient management system. The developers of this implementation guide strongly recommend that submitters use completely unique numbers for this field for each individual claim.	

The maximum number of characters to be supported for this field is '20'. A provider may submit fewer characters depending upon their needs. However, the HIPAA maximum requirement to be supported by any responding system

is '20'. Characters beyond 20 are not required to be stored nor returned by any 837-receiving system.

ALIAS: Patient Account Number

NSF Reference: CA0-03.0, CB0-03.0, DA0-03.0, DA1-03.0, DA2-03.0, EA0-03.0, EA1-03.0, EA2-03.0, FA0-03.0, FB0-03.0, FB1-03.0, FB2-03.0, FD0-03.0, FE0-03.0, GA0-03.0, GC0-03.0, GX0-03.0, GX2-03.0, XA0-03.0, CA1-03.0, GU0-03.0, HA0-03.0

<b>Required</b>	<b>CLM02</b>	<b>782</b>	INDUSTRY: Patient Account Number <b>Monetary Amount</b>	<b>O R 1/18</b>
			Monetary amount	
			For encounter transmissions, zero (0) may be a valid amount.	

ALIAS: Total Submitted Charges

NSF Reference: XA0-12.0

<b>Not Used</b>	<b>CLM03</b>	<b>1032</b>	INDUSTRY: Total Claim Charge Amount <b>Claim Filing Indicator Code</b>	<b>O ID 1/2</b>
			Code identifying type of claim	

<b>Not Used</b>	<b>CLM04</b>	<b>1343</b>	<b>Non-Institutional Claim Type Code</b>	<b>O ID 1/2</b>
			Code identifying the type of provider or claim	

<b>Required</b>	<b>CLM05</b>	<b>C023</b>	<b>Health Care Service Location Information</b>	<b>O</b>
			To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered	
			CLM05 applies to all service lines unless it is over written at the line level.	

ALIAS: Place of Service Code

<b>Required</b>	<b>C02301</b>	<b>1331</b>	NSF Reference: FA0-07.0 <b>Facility Code Value</b>	<b>M AN 1/2</b>
			Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format	
			Use this element for codes identifying a place of service from code source 237. As a courtesy, the codes are listed below, however, the code list is thought to be complete at the time of publication of this implementation guideline. Since this list is subject to change, only codes contained in the document available from code source 237 are to be supported in this transaction and take precedence over any and all codes listed here.	

- 11 Office
- 12 Home
- 21 Inpatient Hospital
- 22 Outpatient Hospital
- 23 Emergency Room - Hospital
- 24 Ambulatory Surgical Center
- 25 Birthing Center
- 26 Military Treatment Facility
- 31 Skilled Nursing Facility
- 32 Nursing Facility
- 33 Custodial Care Facility
- 34 Hospice
- 41 Ambulance - Land
- 42 Ambulance - Air or Water
- 51 Inpatient Psychiatric Facility
- 52 Psychiatric Facility Partial Hospitalization
- 53 Community Mental Health Center

- 54 Intermediate Care Facility/Mentally Retarded
- 55 Residential Substance Abuse Treatment Facility
- 56 Psychiatric Residential Treatment Center
- 50 Federally Qualified Health Center
- 60 Mass Immunization Center
- 61 Comprehensive Inpatient Rehabilitation Facility
- 62 Comprehensive Outpatient Rehabilitation Facility
- 65 End Stage Renal Disease Treatment Facility
- 71 State or Local Public Health Clinic
- 72 Rural Health Clinic
- 81 Independent Laboratory
- 99 Other Unlisted Facility

ALIAS: Facility Type Code

<b>Not Used</b>	<b>C02302</b>	<b>1332</b>	INDUSTRY: Facility Type Code <b>Facility Code Qualifier</b>	<b>O ID 1/2</b>
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Code identifying the type of facility referenced

<b>Required</b>	<b>C02303</b>	<b>1325</b>	<b>Claim Frequency Type Code</b>	<b>O ID 1/1</b>
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Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type

Code 8 may only be used where permitted by state law (e.g. New York Medicaid). See the NUBC UB92 manual for definitions of these codes.

With the exception of #1 (Original) use 6, 7, and 8 for claims that have already been finalized in the payer's system.

Permissible code values for this subelement:

- 1 - ORIGINAL (Admit thru Discharge Claim)
- 6 - CORRECTED (Adjustment of Prior Claim)
- 7 - REPLACEMENT (Replacement of Prior Claim)
- 8 - VOID (Void/Cancel of Prior Claim)

ALIAS: Claim Submission Reason Code

<b>Required</b>	<b>CLM06</b>	<b>1073</b>	INDUSTRY: Claim Frequency Code <b>Yes/No Condition or Response Code</b>	<b>O ID 1/1</b>
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Code indicating a Yes or No condition or response

ALIAS: Provider Signature on File

NSF Reference: EA0-37.0

INDUSTRY: Provider or Supplier Signature Indicator

- |   |     |
|---|-----|
| N | No  |
| Y | Yes |

<b>Required</b>	<b>CLM07</b>	<b>1359</b>	<b>Provider Accept Assignment Code</b>	<b>O ID 1/1</b>
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Code indicating whether the provider accepts assignment

CLM07 indicates whether the provider accepts Medicare assignment.

The NSF mapping to FA0-59.0 occurs only in payer-to-payer COB situations.

ALIAS: Medicare Assignment Code

NSF Reference: EA0-36.0, FA0-59.0

INDUSTRY: Medicare Assignment Code

- |   |   |
|---|---|
| A | Assigned  |
| B | Assignment Accepted on Clinical Lab Services Only |



			C	Not Assigned	
			P	Patient Refuses to Assign Benefits	
<b>Required</b>	<b>CLM08</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>		<b>O ID 1/1</b>
			Code indicating a Yes or No condition or response		
			ALIAS: Assignment of Benefits Indicator		
			NSF Reference: DA0-15.0		
			INDUSTRY: Benefits Assignment Certification Indicator		
			N	No	
			Y	Yes	
<b>Required</b>	<b>CLM09</b>	<b>1363</b>	<b>Release of Information Code</b>		<b>O ID 1/1</b>
			Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations		
			ALIAS: Release of Information Code		
			NSF Reference: EA0-13.0		
			INDUSTRY: Release of Information Code		
			A	Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization	
			I	Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes	
			M	The Provider has Limited or Restricted Ability to Release Data Related to a Claim	
			N	No, Provider is Not Allowed to Release Data	
			O	On file at Payor or at Plan Sponsor	
			Y	Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim	
<b>Situatio</b>	<b>CLM10</b>	<b>1351</b>	<b>Patient Signature Source Code</b>		<b>O ID 1/1</b>
			Code indicating how the patient or subscriber authorization signatures were obtained and how they are being retained by the provider		
			CLM10 is required except in cases where code "N" is used in CLM09.		
			ALIAS: Patient Signature Source Code		
			NSF Reference: DA0-16.0		
			INDUSTRY: Patient Signature Source Code		
			B	Signed signature authorization form or forms for both HCFA-1500 Claim Form block 12 and block 13 are on file	
			C	Signed HCFA-1500 Claim Form on file	
			M	Signed signature authorization form for HCFA-1500 Claim Form block 13 on file	
			P	Signature generated by provider because the patient was not physically present for services	
			S	Signed signature authorization form for HCFA-1500 Claim Form block 12 on file	
<b>Situatio</b>	<b>CLM11</b>	<b>C024</b>	<b>Related Causes Information</b>		<b>O</b>
			To identify one or more related causes and associated state or country information		
			CLM11-1, CLM11-2, or CLM11-3 are required when the condition being reported is accident or employment related. If CLM11-1, CLM11-2, or CLM11-3 equals AP, then map Yes to EA0-09.0.		
			If DTP - Date of Accident (DTP01=439) is used, then CLM11 is required.		

<b>Required</b>	<b>C02401</b>	<b>1362</b>	<p>ALIAS: Accident/Employment/Related Causes</p> <p><b>Related-Causes Code</b> <b>M ID 2/3</b></p> <p>Code identifying an accompanying cause of an illness, injury or an accident</p> <p>NSF Reference: EA0-05.0 - Auto Accident or Other Accident, EA0-04.0 - Employment, EA0-09.0 - Responsibility Indicator</p>
			<p>INDUSTRY: Related Causes Code</p> <p>AA Auto Accident</p> <p>AB Abuse</p> <p>AP Another Party Responsible</p> <p>EM Employment</p> <p>OA Other Accident</p>
<b>Situatio</b>	<b>C02402</b>	<b>1362</b>	<p><b>Related-Causes Code</b> <b>O ID 2/3</b></p> <p>Code identifying an accompanying cause of an illness, injury or an accident</p> <p>Used if more than one code applies.</p> <p>NSF Reference: EA0-05.0 - Auto Accident or Other Accident, EA0-04.0 - Employment, EA0-09.0 - Responsibility Indicator</p>
			<p>INDUSTRY: Related Causes Code</p> <p>AA Auto Accident</p> <p>AB Abuse</p> <p>AP Another Party Responsible</p> <p>EM Employment</p> <p>OA Other Accident</p>
<b>Situatio</b>	<b>C02403</b>	<b>1362</b>	<p><b>Related-Causes Code</b> <b>O ID 2/3</b></p> <p>Code identifying an accompanying cause of an illness, injury or an accident</p> <p>Used if more than one code applies.</p> <p>NSF Reference: EA0-05.0 - Auto Accident or Other Accident, EA0-04.0 - Employment, EA0-09.0 - Responsibility Indicator</p>
			<p>INDUSTRY: Related Causes Code</p> <p>AA Auto Accident</p> <p>AB Abuse</p> <p>AP Another Party Responsible</p> <p>EM Employment</p> <p>OA Other Accident</p>
<b>Situatio</b>	<b>C02404</b>	<b>156</b>	<p><b>State or Province Code</b> <b>O ID 2/2</b></p> <p>Code (Standard State/Province) as defined by appropriate government agency</p> <p>Required if CLM11-1, -2, or -3 = AA to identify the state in which the automobile accident occurred. Use state postal code (CA = California, UT = Utah, etc).</p> <p>NSF Reference: EA0-10.0</p>
			<p>INDUSTRY: Auto Accident State or Province Code</p>
<b>Situatio</b>	<b>C02405</b>	<b>26</b>	<p><b>Country Code</b> <b>O ID 2/3</b></p> <p>Code identifying the country</p> <p>Required if the automobile accident occurred out of the United States to identify the country in which the accident occurred.</p>
			<p>INDUSTRY: Country Code</p>
<b>Situatio</b>	<b>CLM12</b>	<b>1366</b>	<p><b>Special Program Code</b> <b>O ID 2/3</b></p>

Code indicating the Special Program under which the services rendered to the patient were performed  
Required if the services were rendered under one of the following circumstances/programs/projects.

ALIAS: Special Program Code

NSF Reference: EA0-43.0

INDUSTRY: Special Program Indicator

- 01 Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) or Child Health Assessment Program (CHAP)
- 02 Physically Handicapped Children's Program
- 03 Special Federal Funding
- 05 Disability
- 07 Induced Abortion - Danger to Life
- 08 Induced Abortion - Rape or Incest
- 09 Second Opinion or Surgery

Not Used	CLM13	1073	<b>Yes/No Condition or Response Code</b>	O	ID 1/1
Code indicating a Yes or No condition or response The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.					
Not Used	CLM14	1338	<b>Level of Service Code</b>	O	ID 1/3
Code specifying the level of service rendered See Section A.1.5.1 for interchange acknowledgment information.					
Not Used	CLM15	1073	<b>Yes/No Condition or Response Code</b>	O	ID 1/1
Code indicating a Yes or No condition or response					
Situatio	CLM16	1360	<b>Provider Agreement Code</b>	O	ID 1/1
Code indicating the type of agreement under which the provider is submitting this claim Required if a non-participating (non-par) provider is submitting a participating (par) claim/encounter. Sending the "P" code indicates that a non-par provider is sending a par claim as allowed under certain plans.					

ALIAS: Participation Agreement

INDUSTRY: Participation Agreement

- P Participation Agreement
- Any agreement between the provider of service and the plan administrator

Not Used	CLM17	1029	<b>Claim Status Code</b>	O	ID 1/2
Code identifying the status of an entire claim as assigned by the payor, claim review organization or repricing organization					
Not Used	CLM18	1073	<b>Yes/No Condition or Response Code</b>	O	ID 1/1
Code indicating a Yes or No condition or response					
Not Used	CLM19	1383	<b>Claim Submission Reason Code</b>	O	ID 2/2
Code identifying reason for claim submission					
Situatio	CLM20	1514	<b>Delay Reason Code</b>	O	ID 1/2
Code indicating the reason why a request was delayed This element may be used if a particular claim is being transmitted in response to a request for information (e.g., a 277), and the response has been delayed.					

Required when claim is submitted late (past contracted date of filing limitations) and any of the codes below apply.

ALIAS: Delay Reason Code

INDUSTRY: Delay Reason Code

- |    |  |
|----|--|
| 1  | Proof of Eligibility Unknown or Unavailable  |
| 2  | Litigation   |
| 3  | Authorization Delays   |
| 4  | Delay in Certifying Provider   |
| 5  | Delay in Supplying Billing Forms   |
| 6  | Delay in Delivery of Custom-made Appliances  |
| 7  | Third Party Processing Delay   |
| 8  | Delay in Eligibility Determination   |
| 9  | Original Claim Rejected or Denied Due to a Reason<br>Unrelated to the Billing Limitation Rules |
| 10 | Administration Delay in the Prior Approval Process   |
| 11 | Other  |

<b>Segment:</b>	<b>DTP</b> Date - Order Date
<b>Position:</b>	135
<b>Loop:</b>	2300 Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify any or all of a date, a time, or a time period
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	<b>1</b> DTP02 is the date or time or period format that will appear in DTP03.
<b>Comments:</b>	
<b>Notes:</b>	Required when claim includes an order (i.e., an order for services or supplies is being billed/reported).
<p>Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.</p>	

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Attributes</b>
	<b><u>Des.</u></b>	<b><u>Element</u> <u>Name</u></b>	<b><u>M</u> <u>ID</u> <u>3/3</u></b>
<b>Required</b>	<b>DTP01</b>	<b>374 Date/Time Qualifier</b>	
		Code specifying type of date or time, or both date and time	
		INDUSTRY: Date Time Qualifier	
		938 Order	
<b>Required</b>	<b>DTP02</b>	<b>1250 Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
		Code indicating the date format, time format, or date and time format	
		INDUSTRY: Date Time Period Format Qualifier	
		D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251 Date Time Period</b>	<b>M AN 1/35</b>
		Expression of a date, a time, or range of dates, times or dates and times	
		INDUSTRY: Order Date	

**Segment:** **DTP** **Date - Initial Treatment**

**Position:** 135

**Loop:** 2300 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.

Required on all claims involving spinal manipulation.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	DTP01	374	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			454 Initial Treatment	
			Date medical treatment first began	
Required	DTP02	1250	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
Required	DTP03	1251	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: GC0-05.0	
			INDUSTRY: Initial Treatment Date	

**Segment:** **DTP** **Date - Referral Date**

**Position:** 135

**Loop:** 2300 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required when claim includes a referral.

Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	DTP01	374	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			330 Referral Date	
			The date when an educational official or teacher recommends that a student be evaluated for placement in a special education or other program	
Required	DTP02	1250	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
Required	DTP03	1251	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			INDUSTRY: Referral Date	

<b>Segment:</b>	<b>DTP</b> <b>Date - Date Last Seen</b>
<b>Position:</b>	135
<b>Loop:</b>	2300 Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify any or all of a date, a time, or a time period
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	<b>1</b> DTP02 is the date or time or period format that will appear in DTP03.
<b>Comments:</b>	
<b>Notes:</b>	Required when claims involve services from an independent physical therapist, occupational therapist, or physician services involving routine foot care.
	This is the date that the patient was seen by the attending/supervising physician for the qualifying medical condition related to the services performed.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			304 Latest Visit or Consultation	
			Date subscriber or dependent last visited or consulted with a physician	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: EA0-48.0	
			INDUSTRY: Last Seen Date	



**Segment:** **DTP** **Date - Onset of Current Illness/Symptom**

**Position:** 135

**Loop:** 2300 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.

Required when information is available and if different than the date of service. If not used, claim/service date is assumed to be the date of onset of illness/symptoms.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			431 Onset of Current Symptoms or Illness	
			Date first symptoms appeared	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: EA0-07.0	
			INDUSTRY: Onset of Current Illness or Injury Date	

<b>Segment:</b>	<b>DTP</b> Date - Acute Manifestation
<b>Position:</b>	135
<b>Loop:</b>	2300 Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	5
<b>Purpose:</b>	To specify any or all of a date, a time, or a time period
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	<b>1</b> DTP02 is the date or time or period format that will appear in DTP03.
<b>Comments:</b>	
<b>Notes:</b>	Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.
	Required when Loop 2300 CR208 = "A" or "M", the claim involves spinal manipulation, and the payer is Medicare.

Data Element Summary				
	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			453 Acute Manifestation of a Chronic Condition	
			Date serious symptoms were exhibited for a long term illness	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: GC0-12.0	
			INDUSTRY: Acute Manifestation Date	

<b>Segment:</b>	<b>DTP</b> Date - Similar Illness/Symptom Onset
<b>Position:</b>	135
<b>Loop:</b>	2300 Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	10
<b>Purpose:</b>	To specify any or all of a date, a time, or a time period
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	<b>1</b> DTP02 is the date or time or period format that will appear in DTP03.
<b>Comments:</b>	
<b>Notes:</b>	Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.
	Required when claim involves services to a patient experiencing symptoms similar or identical to previously reported symptoms.

## Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			438 Onset of Similar Symptoms or Illness	
			Date symptoms related to current illness first appeared	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: EA0-16.0	
			INDUSTRY: Similar Illness or Symptom Date	

**Segment:** **DTP** **Date - Accident**

**Position:** 135

**Loop:** 2300 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 10

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required if CLM11-1, CLM11-2, or CLM11-3 = AA, AB, AP or OA.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time INDUSTRY: Date Time Qualifier 439 Accident Date mishap occurred	<b>M ID 3/3</b>
Required	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format INDUSTRY: Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD DT Date and Time Expressed in Format CCYYMMDDHHMM Required if accident hour is known.	<b>M ID 2/3</b>
Required	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times NSF Reference: EA0-07.0 - Accident Date, EA0-11.0 Accident Hour (no minutes)  INDUSTRY: Accident Date	<b>M AN 1/35</b>

**Segment:** **DTP** **Date - Last Menstrual Period**

**Position:** 135

**Loop:** 2300 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required when claim involves pregnancy.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			484 Last Menstrual Period	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: EA0-07.0	
			INDUSTRY: Last Menstrual Period Date	

**Segment:** **DTP** **Date - Last X-ray**

**Position:** 135

**Loop:** 2300 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.

Required when claim involves spinal manipulation if an x-ray was taken.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Attributes</b>
	<b><u>Des.</u></b>	<b><u>Element</u> <u>Name</u></b>	<b><u></u></b>
<b>Required</b>	<b>DTP01</b>	<b>374 Date/Time Qualifier</b>	<b>M ID 3/3</b>
		Code specifying type of date or time, or both date and time	
		INDUSTRY: Date Time Qualifier	
		455 Last X-Ray	
		Date of the most recent x-ray	
<b>Required</b>	<b>DTP02</b>	<b>1250 Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
		Code indicating the date format, time format, or date and time format	
		INDUSTRY: Date Time Period Format Qualifier	
		D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251 Date Time Period</b>	<b>M AN 1/35</b>
		Expression of a date, a time, or range of dates, times or dates and times	
		NSF Reference: GC0-06.0	
		INDUSTRY: Last X-Ray Date	

**Segment:** **DTP** **Date - Estimated Date of Birth**

**Position:** 135

**Loop:** 2300 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required when PAT09 is used.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	DTP01	374	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			ABC Estimated Date of Birth	
Required	DTP02	1250	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
Required	DTP03	1251	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			ALIAS: Estimated Date of Birth	
			INDUSTRY: Estimated Birth Date	

**Segment:** **DTP** **Date - Hearing and Vision Prescription Date**

**Position:** 135

**Loop:** 2300 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required on claims where a prescription has been written for hearing devices or vision frames and lenses and it is being billed on this claim.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	DTP01	374	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			471 Prescription	
			Date on which prescription was written	
Required	DTP02	1250	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
Required	DTP03	1251	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			INDUSTRY: Prescription Date	



**Segment:** **DTP** **Date - Disability Begin**

**Position:** 135

**Loop:** 2300 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 5

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required on claims involving disability where, in the opinion of the provider, the patient was or will be unable to perform the duties normally associated with his/her work.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time INDUSTRY: Date Time Qualifier 360 Disability Begin Date on which the disability begins	<b>M ID 3/3</b>
Required	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format INDUSTRY: Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD	<b>M ID 2/3</b>
Required	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times NSF Reference: EA0-18.0 INDUSTRY: Disability From Date	<b>M AN 1/35</b>

**Segment:** **DTP** **Date - Disability End**

**Position:** 135

**Loop:** 2300 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 5

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required on claims/encounters involving disability where, in the opinion of the provider, the patient, after having been absent from work for reasons related to the disability, was or will be able to perform the duties normally associated with his/her work.

**Data Element Summary**

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			361 Disability End	
			Date on which the disability ends	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: EA0-19.0	
			INDUSTRY: Disability To Date	

**Segment:** **DTP** **Date - Last Worked**

**Position:** 135

**Loop:** 2300 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required on claims where this information is necessary for adjudication of the claim (e.g., workers compensation claims involving absence from work).

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time INDUSTRY: Date Time Qualifier 297 Date Last Worked	<b>M ID 3/3</b>
Required	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format INDUSTRY: Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD	<b>M ID 2/3</b>
Required	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times INDUSTRY: Last Worked Date	<b>M AN 1/35</b>

**Segment:** **DTP** **Date - Authorized Return to Work**

**Position:** 135

**Loop:** 2300 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required on claims where this information is necessary for adjudication of the claim (e.g., workers compensation claims involving absence from work).

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	DTP01	374	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			296 Return to Work	
			This is the date the provider has authorized the patient to return to work.	
Required	DTP02	1250	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
Required	DTP03	1251	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: EA1-12.0	
			INDUSTRY: Work Return Date	

**Segment:** **DTP** **Date - Admission**

**Position:** 135

**Loop:** 2300 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required on all ambulance claims/encounters when the patient was known to be admitted to the hospital. Also required on inpatient medical visits claims/encounters.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			435 Admission	
			Date of entrance to a health care establishment	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: GA0-23.0 (for ambulance claims only), EA0-28.0	
			INDUSTRY: Related Hospitalization Admission Date	

**Segment:** **DTP** **Date - Discharge**

**Position:** 135

**Loop:** 2300 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required for inpatient claims when the patient was discharged from the facility and the discharge date is known.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			096 Discharge	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: GA0-22.0 (for Ambulance Claims only), EA0-29.0	
			INDUSTRY: Related Hospitalization Discharge Date	

<b>Segment:</b>	<b>DTP</b>	<b>Date - Assumed and Relinquished Care Dates</b>
<b>Position:</b>	135	
<b>Loop:</b>	2300	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	2	
<b>Purpose:</b>	To specify any or all of a date, a time, or a time period	
<b>Syntax Notes:</b>		
<b>Semantic Notes:</b>	1 DTP02 is the date or time or period format that will appear in DTP03.	
<b>Comments:</b>		
<b>Notes:</b>	<p>Required on Medicare claims to indicate "assumed care date" and "relinquished care date" for situations where providers share post-operative care (global surgery claims). Assumed Care Date is the date care was assumed by another provider during post-operative care. Relinquished Care Date is the date the provider filing this claim ceased post-operative care. See Medicare guidelines for further explanation of these dates.</p> <p>Example: Surgeon "A" relinquished post-operative care to Physician "B" five days after surgery. When Surgeon "A" submits a claim/encounter "A" will use code "091 - Report End" to indicate the day the surgeon relinquished care of this patient to Physician "B". When Physician "B" submits a claim/encounter "B" will use code "090 - Report Start" to indicate the date they assumed care of this patient from Surgeon "A".</p>	

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			090 Report Start	
			Assumed Care Date - Use code 090 to indicate the date the provider filing this claim assumed care from another provider during post-operative care.	
			091 Report End	
			Relinquished Care Date - Use code 091 to indicate the date the provider filing this claim relinquished post-operative care to another provider.	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: EA1-25.0 - Provider Assumed Care Date, HA0-05.0 - Provider Relinquished Care Date	
			INDUSTRY: Assumed or Relinquished Care Date	

<b>Segment:</b>	<b>PWK</b> Claim Supplemental Information
<b>Position:</b>	155
<b>Loop:</b>	2300 Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	10
<b>Purpose:</b>	To identify the type or transmission or both of paperwork or supporting information
<b>Syntax Notes:</b>	1 If either PWK05 or PWK06 is present, then the other is required.
<b>Semantic Notes:</b>	
<b>Comments:</b>	1 PWK05 and PWK06 may be used to identify the addressee by a code number. 2 PWK07 may be used to indicate special information to be shown on the specified report. 3 PWK08 may be used to indicate action pertaining to a report.
<b>Notes:</b>	The PWK segment is required if there is paper documentation supporting this claim. The PWK segment should not be used if the information related to the claim is being sent within the 837 ST-SE envelope.

The PWK segment is required to identify attachments that are sent electronically (PWK02 = EL) but are transmitted in another functional group (e.g., 275) rather than by paper. PWK06 is used to identify the attached electronic documentation. The number in PWK06 would be carried in the TRN of the electronic attachment.

The PWK segment can be used to identify paperwork that is being held at the provider's office and is available upon request by the payer (or appropriate entity), but that is not being sent with the claim. Use code AA in PWK02 to convey this specific use of the PWK segment. See code note under PWK02, code AA.

#### Data Element Summary

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
Required	<u>Des.</u>	<u>Element</u>		
	PWK01	755	Report Type Code	M ID 2/2
			Code indicating the title or contents of a document, report or supporting item	
			ALIAS: Attachment Report Type Code	
			NSF Reference: EA0-41.0	
			INDUSTRY: Attachment Report Type Code	
		77	Support Data for Verification	
			REFERRAL. Use this code to indicate a completed referral form.	
		AS	Admission Summary	
			A brief patient summary; it lists the patient's chief complaints and the reasons for admitting the patient to the hospital	
		B2	Prescription	
		B3	Physician Order	
		B4	Referral Form	
		CT	Certification	
		DA	Dental Models	
			Cast of the teeth; they are usually taken before partial dentures or braces are placed	
		DG	Diagnostic Report	
			Report describing the results of lab tests x-rays or radiology films	
		DS	Discharge Summary	
			Report listing the condition of the patient upon release from the hospital; it usually lists where the patient is	



				being released to, what medication the patient is taking and when to follow-up with the doctor
			EB	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) Summary of benefits paid on the claim
			MT	Models
			NN	Nursing Notes
				Notes kept by the nurse regarding a patient's physical and mental condition, what medication the patient is on and when it should be given
			OB	Operative Note
				Step-by-step notes of exactly what takes place during an operation
			OZ	Support Data for Claim
				Medical records that would support procedures performed; tests given and necessary for a claim
			PN	Physical Therapy Notes
			PO	Prosthetics or Orthotic Certification
			PZ	Physical Therapy Certification
			RB	Radiology Films
				X-rays, videos, and other radiology diagnostic tests
			RR	Radiology Reports
				Reports prepared by a radiologists after the films or x-rays have been reviewed
			RT	Report of Tests and Analysis Report
<b>Required</b>	<b>PWK02</b>	<b>756</b>	<b>Report Transmission Code</b>	<b>O ID 1/2</b>
				Code defining timing, transmission method or format by which reports are to be sent
				ALIAS: Attachment Transmission Code
				NSF Reference: EA0-40.0
				INDUSTRY: Attachment Transmission Code
			AA	Available on Request at Provider Site
				This means that the paperwork is not being sent with the claim at this time. Instead, it is available to the payer (or appropriate entity) at their request.
			BM	By Mail
			EL	Electronically Only
				Use to indicate that attachment is being transmitted in a separate X12 functional group.
			EM	E-Mail
			FX	By Fax
<b>Not Used</b>	<b>PWK03</b>	<b>757</b>	<b>Report Copies Needed</b>	<b>O N0 1/2</b>
				The number of copies of a report that should be sent to the addressee
<b>Not Used</b>	<b>PWK04</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O ID 2/3</b>
				Code identifying an organizational entity, a physical location, property or an individual
<b>Situatio</b>	<b>PWK05</b>	<b>66</b>	<b>Identification Code Qualifier</b>	<b>X ID 1/2</b>
				Code designating the system/method of code structure used for Identification Code (67)
				Required if PWK02 = "BM", "EL", "EM" or "FX".
				INDUSTRY: Identification Code Qualifier
			AC	Attachment Control Number
				Means of associating electronic claim with

			documentation forwarded by other means		
<b>Situatio</b>	<b>PWK06</b>	<b>67</b>	<b>Identification Code</b>	<b>X</b>	<b>AN 2/80</b>
			Code identifying a party or other code		
			Required if PWK02 = "BM", "EL", "EM" or "FX".		
			ALIAS: Attachment Control Number		
			INDUSTRY: Attachment Control Number		
<b>Not Used</b>	<b>PWK07</b>	<b>352</b>	<b>Description</b>	<b>O</b>	<b>AN 1/80</b>
			A free-form description to clarify the related data elements and their content		
<b>Not Used</b>	<b>PWK08</b>	<b>C002</b>	<b>Actions Indicated</b>	<b>O</b>	
			Actions to be performed on the piece of paperwork identified		
<b>Not Used</b>	<b>C00201</b>	<b>704</b>	<b>Paperwork/Report Action Code</b>	<b>M</b>	<b>ID 1/2</b>
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required		
<b>Not Used</b>	<b>C00202</b>	<b>704</b>	<b>Paperwork/Report Action Code</b>	<b>O</b>	<b>ID 1/2</b>
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required		
<b>Not Used</b>	<b>C00203</b>	<b>704</b>	<b>Paperwork/Report Action Code</b>	<b>O</b>	<b>ID 1/2</b>
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required		
<b>Not Used</b>	<b>C00204</b>	<b>704</b>	<b>Paperwork/Report Action Code</b>	<b>O</b>	<b>ID 1/2</b>
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required		
<b>Not Used</b>	<b>C00205</b>	<b>704</b>	<b>Paperwork/Report Action Code</b>	<b>O</b>	<b>ID 1/2</b>
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required		
<b>Not Used</b>	<b>PWK09</b>	<b>1525</b>	<b>Request Category Code</b>	<b>O</b>	<b>ID 1/2</b>
			Code indicating a type of request		

<b>Segment:</b>	<b>CN1</b>	<b>Contract Information</b>
<b>Position:</b>	160	
<b>Loop:</b>	2300	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify basic data about the contract or contract line item	
<b>Syntax Notes:</b>		
<b>Semantic Notes:</b>	<ol style="list-style-type: none"> <li>1 CN102 is the contract amount.</li> <li>2 CN103 is the allowance or charge percent.</li> <li>3 CN104 is the contract code.</li> <li>4 CN106 is an additional identifying number for the contract.</li> </ol>	
<b>Comments:</b>		
<b>Notes:</b>	<p>The developers of this implementation guide recommend that for non-capitated situations, contract information be maintained in the receiver's files and not be transmitted with each claim whenever possible. It is recommended that submitters always include CN1 for encounters that include only capitated services.</p> <p>Required if the provider is contractually obligated to provide contract information on this claim.</p>	

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>CN101</b>	<b>1166</b>	<b>Contract Type Code</b>	<b>M ID 2/2</b>
			Code identifying a contract type	
			ALIAS: Contract Type Code	
			INDUSTRY: Contract Type Code	
			02 Per Diem	
			A contract which allows certain charges to be on a rate per day basis	
			03 Variable Per Diem	
			A contract which allows certain charges to be on a rate per day basis, where the rate may not remain constant	
			04 Flat	
			A contract between the provider of service and the destination payor whereby the flat rate charges may differ from the total itemized charges	
			05 Capitated	
			A contract between the provider of service and the destination payor which allows payment to the provider of service on a per member per month basis	
			06 Percent	
			09 Other	
<b>Situatio</b>	<b>CN102</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O R 1/18</b>
			Monetary amount	
			Required if the provider is required by contract to supply this information on the claim.	
			ALIAS: Contract Amount	
			INDUSTRY: Contract Amount	
<b>Situatio</b>	<b>CN103</b>	<b>332</b>	<b>Percent</b>	<b>O R 1/6</b>
			Percent expressed as a percent	
			Allowance or charge percent	

Required if the provider is required by contract to supply this information on the claim.

ALIAS: Contract Percent

**Situatio**

**CN104**

**127**

INDUSTRY: Contract Percentage

**Reference Identification**

**O AN 1/30**

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Required if the provider is required by contract to supply this information on the claim.

ALIAS: Contract Code

**Situatio**

**CN105**

**338**

INDUSTRY: Contract Code

**Terms Discount Percent**

**O R 1/6**

Terms discount percentage, expressed as a percent, available to the purchaser if an invoice is paid on or before the Terms Discount Due Date

Required if the provider is required by contract to supply this information on the claim.

ALIAS: Terms Discount Percent

**Situatio**

**CN106**

**799**

INDUSTRY: Terms Discount Percentage

**Version Identifier**

**O AN 1/30**

Revision level of a particular format, program, technique or algorithm

Required if the provider is required by contract to supply this information on the claim.

ALIAS: Contract Version Identifier

INDUSTRY: Contract Version Identifier

**Segment:** **AMT** Credit/Debit Card Maximum Amount

**Position:** 175

**Loop:** 2300 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To indicate the total monetary amount

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Use this segment only for claims that contain credit/debit card information. This segment indicates the maximum amount that can be credited to the account indicated in 2010BD - CREDIT/DEBIT CARD HOLDER NAME.

The information carried under this segment must never be sent to the payer. This information is only for use between a provider and a service organization offering patient collection services. In this case, it is the responsibility of the collection service organization to remove this segment before forwarding the claim to the payer.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>AMT01</b>	<b>522</b>	<b>Amount Qualifier Code</b> Code to qualify amount INDUSTRY: Amount Qualifier Code MA Maximum Amount	<b>M ID 1/3</b>
<b>Required</b>	<b>AMT02</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount INDUSTRY: Credit or Debit Card Maximum Amount	<b>M R 1/18</b>
<b>Not Used</b>	<b>AMT03</b>	<b>478</b>	<b>Credit/Debit Flag Code</b> Code indicating whether amount is a credit or debit	<b>O ID 1/1</b>

**Segment:** **AMT** Patient Amount Paid  
**Position:** 175  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To indicate the total monetary amount  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:** Required if the patient has paid any amount towards the claim.

Patient Amount Paid refers to the sum of all amounts paid on the claim by the patient or his/her representative(s).

The Patient Amount Paid indicated in this segment applies to the entire claim. It is recommended that the Patient Amount Paid AMT segment be used at either the line(s) or claim level but not at both.

Data Element Summary				
	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>AMT01</b>	<b>522</b>	<b>Amount Qualifier Code</b> Code to qualify amount INDUSTRY: Amount Qualifier Code F5 Patient Amount Paid Monetary amount value already paid by one receiving medical care	<b>M ID 1/3</b>
<b>Required</b>	<b>AMT02</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount NSF Reference: XA0-19.0	<b>M R 1/18</b>
<b>Not Used</b>	<b>AMT03</b>	<b>478</b>	INDUSTRY: Patient Amount Paid <b>Credit/Debit Flag Code</b> Code indicating whether amount is a credit or debit	<b>O ID 1/1</b>

**Segment:** **AMT** **Total Purchased Service Amount**  
**Position:** 175  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To indicate the total monetary amount  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:** Required if there are purchased service components to this claim.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	AMT01	522	Amount Qualifier Code	M ID 1/3
			Code to qualify amount	
			INDUSTRY: Amount Qualifier Code	
			NE Net Billed	
			Amount billed, less allowable payments from other sources	
			Use this code to indicate Total Purchased Service Charges.	
Required	AMT02	782	Monetary Amount	M R 1/18
			Monetary amount	
			NSF Reference: EA0-31.0	
Not Used	AMT03	478	INDUSTRY: Total Purchased Service Amount Credit/Debit Flag Code	O ID 1/1
			Code indicating whether amount is a credit or debit	

<b>Segment:</b>	<b>REF</b>	<b>Service Authorization Exception Code</b>
<b>Position:</b>	180	
<b>Loop:</b>	2300	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required when providers are required by state law (e.g., New York State Medicaid) to obtain authorization for specific services but, for the reasons listed in REF02, performed the service without obtaining the service authorization. Check with your state Medicaid to see if this applies in your state.	

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 4N Special Payment Reference Number	<b>M ID 2/3</b>
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Allowable values for this element are: 1 Immediate/Urgent Care 2 Services Rendered in a Retroactive Period 3 Emergency Care 4 Client as Temporary Medicaid 5 Request from County for Second Opinion to Recipient can Work 6 Request for Override Pending 7 Special Handling	<b>X AN 1/30</b>
Not Used	REF03	352	INDUSTRY: Service Authorization Exception Code <b>Description</b>	<b>X AN 1/80</b>
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
Not Used	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
Not Used	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
Not Used	C04006	127	<b>Reference Identification</b>	<b>X AN 1/30</b>



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Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

<b>Segment:</b>	<b>REF</b> <b>Mandatory Medicare (Section 4081) Crossover Indicator</b>
<b>Position:</b>	180
<b>Loop:</b>	2300 Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Required for Medicare COB crossover claims when Beneficiary Assignment for mandatory Medicare (Section 4081) claim applies. This segment is only completed by Medicare providers do not use this segment.

If this segment is not used that means this situation does not apply.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier F5 Medicare Version Code Identifies the release of a set of information or requirements to distinguish from previous or future sets that may differ; the version in question is that which is being used by Medicare	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier The allowed values for this element are: Y 4081 (NSF Value 1) N Regular crossover (NSF Value 2)  NSF Reference: DA0-30.0	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> INDUSTRY: Medicare Section 4081 Indicator A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>

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**Not Used**

**C04006**

**127**

**Reference Identification**

**X AN 1/30**

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

<b>Segment:</b>	<b>REF</b> Mammography Certification Number
<b>Position:</b>	180
<b>Loop:</b>	2300 Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Required on Medicare claims for all mammography services.

Data Element Summary				
	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier EW Mammography Certification Number Health Care Financing Administration assigned certification number of the certified mammography screening center	M ID 2/3
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier NSF Reference: FA0-31.0	X AN 1/30
Not Used	REF03	352	INDUSTRY: Mammography Certification Number <b>Description</b> A free-form description to clarify the related data elements and their content	X AN 1/80
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M ID 2/3
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30
Not Used	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30

<b>Segment:</b>	<b>REF</b> Prior Authorization or Referral Number
<b>Position:</b>	180
<b>Loop:</b>	2300 Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	2
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	1 REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Numbers at this position apply to the entire claim unless they are overridden in the REF segment in Loop ID-2400. A reference identification is considered to be overridden if the value in REF01 is the same in both the Loop ID-2300 REF segment and the Loop ID-2400 REF segment. In that case, the Loop ID-2400 REF applies only to that specific line.

Required where services on this claim were preauthorized or where a referral is involved. Generally, preauthorization/referral numbers are those numbers assigned by the payer/UMO to authorize a service prior to its being performed. The UMO (Utilization Management Organization) is generally the entity empowered to make a decision regarding the outcome of a health services review or the owner of information. The referral or prior authorization number carried in this REF is specific to the destination payer reported in the 2010BB loop. If other payers have similar numbers for this claim, report that information in the 2330 loop REF which holds that payer's information.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			INDUSTRY: Reference Identification Qualifier	
			9F Referral Number	
			G1 Prior Authorization Number	
			An authorization number acquired prior to the submission of a claim	
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			NSF Reference: DA0-14.0	
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b>	<b>O</b>
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b>	<b>M AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X ID 2/3</b>
			Code qualifying the Reference Identification	
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as	

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<b>Not Used</b>	<b>C04005</b>	<b>128</b>	specified by the Reference Identification Qualifier <b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

<b>Segment:</b>	<b>REF</b> <b>Original Reference Number (ICN/DCN)</b>
<b>Position:</b>	180
<b>Loop:</b>	2300 Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	1 REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Required when CLM05-3 (Claim Submission Reason Code) = "6", "7", or "8" and the payer has assigned a payer number to the claim. The resubmission number is assigned to a previously submitted claim/encounter by the destination payer or receiver.

This segment can be used for the payer assigned Original Document Control Number/Internal Control Number (DCN/ICN) assigned to this claim by the payer identified in the 2010BB loop of this claim. This number would be received from a payer in a case where the payer had received the original claim and, for whatever reason, had (1) asked the provider to resubmit the claim and (2) had given the provider the payer's claim identification number. In this case the payer is expecting the provider to give them back their (the payer's) claim number so that the payer can match it in their adjudication system. By matching this number in the adjudication system, the payer knows this is not a duplicate claim.

This information is specific to the destination payer reported in the 2010BB loop. If other payers have a similar number, report that information in the 2330 loop which holds that payer's information.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier F8 Original Reference Number	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier ALIAS: Claim Original Reference Number (ICN/DCN)	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> NSF Reference: EA0-47.0, INDUSTRY: Claim Original Reference Number A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>

DRAFT

<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		



<b>Segment:</b>	<b>REF</b> Clinical Laboratory Improvement Amendment (CLIA) Number
<b>Position:</b>	180
<b>Loop:</b>	2300 Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	3
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	1 REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Required on Medicare and Medicaid claims for any laboratory performing tests covered by the CLIA Act.

If a CLIA number is indicated at the line level (Loop ID-2400) in addition to the claim level (Loop ID-2300), that would indicate an exception to the CLIA number at the claim level for that individual line.

In cases where this claim contains both in-house and outsourced laboratory services: For laboratory services performed by the billing or rendering provider the CLIA number is reported here for laboratory services which were outsourced, report that CLIA number at the 2400 loop.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			INDUSTRY: Reference Identification Qualifier	
			X4 Clinical Laboratory Improvement Amendment Number	
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			NSF Reference: FA0-34.0	
			INDUSTRY: Clinical Laboratory Improvement Amendment Number	
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b>	<b>O</b>
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b>	<b>M AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X ID 2/3</b>
			Code qualifying the Reference Identification	
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X ID 2/3</b>
			Code qualifying the Reference Identification	
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as	

specified by the Reference Identification Qualifier

<b>Segment:</b>	<b>REF</b>	<b>Repriced Claim Number</b>
<b>Position:</b>	180	
<b>Loop:</b>	2300	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.	

Data Element Summary				
	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 9A Repriced Claim Reference Number	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier NSF Reference: FE0-06.0 (TPO Reference Number)	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> INDUSTRY: Repriced Claim Reference Number A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>

<b>Segment:</b>	<b>REF</b> Adjusted Repriced Claim Number
<b>Position:</b>	180
<b>Loop:</b>	2300 Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

Data Element Summary				
	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 9C Adjusted Repriced Claim Reference Number	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Adjusted Repriced Claim Reference Number	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>

<b>Segment:</b>	<b>REF</b>	<b>Investigational Device Exemption Number</b>
<b>Position:</b>	180	
<b>Loop:</b>	2300	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required when claim involves an FDA assigned investigational device exemption (IDE) number. Only one IDE per claim is to be reported.	

Data Element Summary				
	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier LX Qualified Products List	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier NSF Reference: EA0-54.0	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> INDUSTRY: Investigational Device Exemption Identifier A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>

<b>Segment:</b>	<b>REF</b> Claim Identification Number for Clearing Houses and Other Transmission Intermediaries
<b>Position:</b>	180
<b>Loop:</b>	2300 Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Used only by transmission intermediaries (Automated Clearing Houses, and others) who need to attach their own unique claim number.

Although this REF is supplied for transmission intermediaries to attach their own unique claim number to a claim/encounter, 837-recipients are not required under HIPAA to return this number in any HIPAA transaction. Trading partners may voluntarily agree to this interaction if they wish.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Number assigned by clearinghouse/van/etc.  INDUSTRY: Reference Identification Qualifier D9 Claim Number Sequence number to track the number of claims opened within a particular line of business	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier The value carried in this element is limited to a maximum of 20 positions.	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> INDUSTRY: Clearinghouse Trace Number A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>

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Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

<b>Segment:</b>	<b>REF</b> Ambulatory Patient Group (APG)
<b>Position:</b>	180
<b>Loop:</b>	2300 Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	4
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	<ol style="list-style-type: none"> <li>1 REF04 contains data relating to the value cited in REF02.</li> </ol>
<b>Comments:</b>	
<b>Notes:</b>	Required if the contractual reimbursement arrangement between provider and payer is based on APG and their contractual arrangement requires that the provider send APG information to the payer on each claim.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 1S Ambulatory Patient Group (APG) Number	M ID 2/3
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Ambulatory Patient Group Number	X AN 1/30
Not Used	REF03	352	<b>Description</b> A free-form description to clarify the related data elements and their content	X AN 1/80
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M ID 2/3
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30
Not Used	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30



**Segment:** **REF** Medical Record Number

**Position:** 180

**Loop:** 2300 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify identifying information

**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**

**Notes:** Used at discretion of submitter.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier EA Medical Record Identification Number A unique number assigned to each patient by the provider of service (hospital) to assist in retrieval of medical records	M ID 2/3
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Medical Record Number	X AN 1/30
Not Used	REF03	352	<b>Description</b> A free-form description to clarify the related data elements and their content	X AN 1/80
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M ID 2/3
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30
Not Used	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30

<b>Segment:</b>	<b>REF</b>	<b>Demonstration Project Identifier</b>
<b>Position:</b>	180	
<b>Loop:</b>	2300	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required on claims/encounters where a demonstration project is being billed/reported. This information is specific to the destination payer reported in the 2010BB loop. If other payers have a similar number, report that information in the 2330 loop which holds that payer's information.	

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier P4 Project Code	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier NSF Reference: EA0-43.0	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> INDUSTRY: Demonstration Project Identifier A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>

<b>Segment:</b>	<b>K3</b>	<b>File Information</b>
<b>Position:</b>	185	
<b>Loop:</b>	2300	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	10	
<b>Purpose:</b>	To transmit a fixed-format record or matrix contents	
<b>Syntax Notes:</b>		
<b>Semantic Notes:</b>	1 K303 identifies the value of the index.	
<b>Comments:</b>	1 The default for K302 is content.	
<b>Notes:</b>	At the time of publication K3 segments have no specific use. However, they have been included in this implementation guide to be used as an emergency kludge (fix-it) in the case of an unexpected data requirement by a state regulatory authority. This data element can only be required if the specific use is a result of a state law or a regulation issued by a state agency after the publication of this implementation guide, and only if the appropriate national body (X12N, HCPCS, NUBC, NUCC, etc) cannot offer an alternative solution within the current structure of the implementation guide.	

This segment may only be required if a state concludes it must use the K3 to meet an emergency legislative requirement AND the administering state agency or other state organization has contacted the X12N workgroup, requested a review of the K3 data requirement to ensure there is not an existing method within the implementation guide to meet this requirement, and X12N determines that there is no method to meet the requirement. Only then may the state require the temporary use of the K3 to meet the requirement. X12N will submit the necessary data maintenance and refer the request to the appropriate data content committee.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>K301</b>	<b>449</b>	<b>Fixed Format Information</b> Data in fixed format agreed upon by sender and receiver NSF Reference: HA0-05.0	<b>M AN 1/80</b>
<b>Not Used</b>	<b>K302</b>	<b>1333</b>	<b>INDUSTRY: Fixed Format Information</b> <b>Record Format Code</b> Code specifying the format of information	<b>O ID 1/2</b>
<b>Not Used</b>	<b>K303</b>	<b>C001</b>	<b>Composite Unit of Measure</b> To identify a composite unit of measure (See Figures Appendix for examples of use)	<b>O</b>
<b>Not Used</b>	<b>C00101</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	<b>M ID 2/2</b>
<b>Not Used</b>	<b>C00102</b>	<b>1018</b>	<b>Exponent</b> Power to which a unit is raised	<b>O R 1/15</b>
<b>Not Used</b>	<b>C00103</b>	<b>649</b>	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	<b>O R 1/10</b>
<b>Not Used</b>	<b>C00104</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	<b>O ID 2/2</b>
<b>Not Used</b>	<b>C00105</b>	<b>1018</b>	<b>Exponent</b> Power to which a unit is raised	<b>O R 1/15</b>
<b>Not Used</b>	<b>C00106</b>	<b>649</b>	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	<b>O R 1/10</b>
<b>Not Used</b>	<b>C00107</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in	<b>O ID 2/2</b>

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Not Used	C00108	1018	which a measurement has been taken <b>Exponent</b>	O	R 1/15
			Power to which a unit is raised		
Not Used	C00109	649	<b>Multiplier</b>	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	C00110	355	<b>Unit or Basis for Measurement Code</b>	O	ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken		
Not Used	C00111	1018	<b>Exponent</b>	O	R 1/15
			Power to which a unit is raised		
Not Used	C00112	649	<b>Multiplier</b>	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	C00113	355	<b>Unit or Basis for Measurement Code</b>	O	ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken		
Not Used	C00114	1018	<b>Exponent</b>	O	R 1/15
			Power to which a unit is raised		
Not Used	C00115	649	<b>Multiplier</b>	O	R 1/10
			Value to be used as a multiplier to obtain a new value		

**Segment:** **NTE** Claim Note  
**Position:** 190  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To transmit information in a free-form format, if necessary, for comment or special instruction

**Syntax Notes:****Semantic Notes:**

**Comments:** 1 The NTE segment permits free-form information/data which, under ANSI X12 standard implementations, is not machine processable. The use of the NTE segment should therefore be avoided, if at all possible, in an automated environment.

**Notes:** Information in the NTE segment in Loop ID-2300 applies to the entire claim unless overridden by information in the NTE segment in Loop ID-2400. Information is considered to be overridden when the value in NTE01 in Loop ID-2400 is the same as the value in NTE01 in Loop ID-2300.

The developers of this implementation guide discourage using narrative information within the 837. Trading partners who require narrative information with claims are encouraged to codify that information within the ASC X12 environment.

Required when: (1) State regulations mandate information not identified elsewhere within the claim set or (2) in the opinion of the provider, the information is needed to substantiate the medical treatment and is not supported elsewhere within the claim data set.

**Data Element Summary**

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>NTE01</b>	<b>363</b>	<b>Note Reference Code</b>	<b>O ID 3/3</b>
			Code identifying the functional area or purpose for which the note applies	
			INDUSTRY: Note Reference Code	
			ADD Additional Information	
			CER Certification Narrative	
			Any notes associated with the certification involved	
			DCP Goals, Rehabilitation Potential, or Discharge Plans	
			DGN Diagnosis Description	
			Verbal description of the condition involved	
			PMT Payment	
			TPO Third Party Organization Notes	
<b>Required</b>	<b>NTE02</b>	<b>352</b>	<b>Description</b>	<b>M AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
			NSF Reference: HA0-05.0	
			INDUSTRY: Claim Note Text	

<b>Segment:</b>	<b>CR1</b>	<b>Ambulance Transport Information</b>
<b>Position:</b>	195	
<b>Loop:</b>	2300	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To supply information related to the ambulance service rendered to a patient	
<b>Syntax Notes:</b>	<b>1</b> If either CR101 or CR102 is present, then the other is required. <b>2</b> If either CR105 or CR106 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> CR102 is the weight of the patient at time of transport. <b>2</b> CR106 is the distance traveled during transport. <b>3</b> CR107 is the address of origin. <b>4</b> CR108 is the address of destination. <b>5</b> CR109 is the purpose for the round trip ambulance service. <b>6</b> CR110 is the purpose for the usage of a stretcher during ambulance service.	
<b>Comments:</b>		
<b>Notes:</b>	The CR1 segment in Loop ID-2300 applies to the entire claim unless an exception is reported in the CR1 segment in Loop ID-2400.	

Required on all claims involving ambulance services.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Situatio	CR101	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Required if needed to justify extra ambulance services.  INDUSTRY: Unit or Basis for Measurement Code LB Pound	<b>X ID 2/2</b>
Situatio	CR102	81	<b>Weight</b> Numeric value of weight Required if needed to justify extra ambulance services.  ALIAS: Patient Weight  NSF Reference: GA0-05.0	<b>X R 1/10</b>
Required	CR103	1316	INDUSTRY: Patient Weight <b>Ambulance Transport Code</b> Code indicating the type of ambulance transport ALIAS: Ambulance Transport Code  NSF Reference: GA0-07.0  INDUSTRY: Ambulance Transport Code I Initial Trip R Return Trip T Transfer Trip Ambulance from one facility to another X Round Trip	<b>O ID 1/1</b>
Required	CR104	1317	<b>Ambulance Transport Reason Code</b> Code indicating the reason for ambulance transport ALIAS: Ambulance Transport Reason Code  NSF Reference: GA0-15.0	<b>O ID 1/1</b>

			INDUSTRY: Ambulance Transport Reason Code	
			A	Patient was transported to nearest facility for care of symptoms, complaints, or both
			B	Patient was transported for the benefit of a preferred physician
			C	Patient was transported for the nearness of family members
			D	Patient was transported for the care of a specialist or for availability of specialized equipment
			E	Patient Transferred to Rehabilitation Facility
<b>Required</b>	<b>CR105</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b>	<b>X ID 2/2</b>
Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken				
INDUSTRY: Unit or Basis for Measurement Code				
			DH	Miles
<b>Required</b>	<b>CR106</b>	<b>380</b>	<b>Quantity</b>	<b>X R 1/15</b>
Numeric value of quantity				
NSF crosswalk to FA0-50.0 is used only in Medicare payer-to-payer COB situations.				
ALIAS: Transport Distance				
NSF Reference: GA0-17.0, FA0-50.0				
			INDUSTRY: Transport Distance	
<b>Not Used</b>	<b>CR107</b>	<b>166</b>	<b>Address Information</b>	<b>O AN 1/55</b>
Address information				
<b>Not Used</b>	<b>CR108</b>	<b>166</b>	<b>Address Information</b>	<b>O AN 1/55</b>
Address information				
<b>Situatio</b>	<b>CR109</b>	<b>352</b>	<b>Description</b>	<b>O AN 1/80</b>
A free-form description to clarify the related data elements and their content				
Required if CR103 (Ambulance Transport Code) = "X - Round Trip"; otherwise not used.				
ALIAS: Round Trip Purpose Description				
NSF Reference: GA0-20.0				
			INDUSTRY: Round Trip Purpose Description	
<b>Situatio</b>	<b>CR110</b>	<b>352</b>	<b>Description</b>	<b>O AN 1/80</b>
A free-form description to clarify the related data elements and their content				
Required if needed to justify usage of stretcher.				
ALIAS: Stretcher Purpose Description				
NSF Reference: GA0-21.0				
INDUSTRY: Stretcher Purpose Description				

<b>Segment:</b>	<b>CR2</b>	<b>Spinal Manipulation Service Information</b>
<b>Position:</b>	200	
<b>Loop:</b>	2300	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To supply information related to the chiropractic service rendered to a patient	
<b>Syntax Notes:</b>	<b>1</b> If either CR201 or CR202 is present, then the other is required. <b>2</b> If CR204 is present, then CR203 is required. <b>3</b> If either CR205 or CR206 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> CR201 is the number this treatment is in the series. <b>2</b> CR202 is the total number of treatments in the series. <b>3</b> CR206 is the time period involved in the treatment series. <b>4</b> CR207 is the number of treatments rendered in the month of service. <b>5</b> CR209 is complication indicator. A "Y" value indicates a complicated condition; an "N" value indicates an uncomplicated condition. <b>6</b> CR210 is a description of the patient's condition. <b>7</b> CR211 is an additional description of the patient's condition. <b>8</b> CR212 is X-rays availability indicator. A "Y" value indicates X-rays are maintained and available for carrier review; an "N" value indicates X-rays are not maintained and available for carrier review.	
<b>Comments:</b>	<b>1</b> When both CR203 and CR204 are present, CR203 is the beginning level of subluxation and CR204 is the ending level of subluxation.	
<b>Notes:</b>	The CR2 segment in Loop ID-2300 applies to the entire claim unless overridden by the presence of a CR2 segment in Loop ID-2400.	

Required on all claims involving spinal manipulation. Such claims could originate with chiropractors, physical therapists, DOs, and many other types of health care providers.

Data Element Summary				
	Ref.	Data		Attributes
	Des.	Element	Name	
Required	CR201	609	Count	X N0 1/9
			Occurrence counter	
			ALIAS: Treatment Number. Spinal Manipulation	
			NSF Reference: GC0-07.0	
Required	CR202	380	Quantity	X R 1/15
			INDUSTRY: Treatment Series Number	
			Numeric value of quantity	
			ALIAS: Treatment Series Total. Spinal Manipulation	
			NSF Reference: GC0-07.0	
Situatio	CR203	1367	Subluxation Level Code	X ID 2/3
			INDUSTRY: Treatment Count	
			Code identifying the specific level of subluxation	
			Required if subluxation is involved in the claim.	
			ALIAS: Subluxation Level Code	
			NSF Reference: GC0-08.0	
			INDUSTRY: Subluxation Level Code	
			C1 Cervical 1	
			Adjustment of the first neck vertebrae	
			C2 Cervical 2	



	Adjustment of the second neck vertebrae
C3	Cervical 3
	Adjustment of the third neck vertebrae
C4	Cervical 4
	Adjustment of the fourth neck vertebrae
C5	Cervical 5
	Adjustment of the fifth neck vertebrae
C6	Cervical 6
	Adjustment of the sixth neck vertebrae
C7	Cervical 7
	Adjustment of the seventh neck vertebrae
CO	Coccyx
	Adjustment of the caudal extremity of the vertebrae
IL	Ilium
	Adjustment of the expansive superior portion of the hip bone
L1	Lumbar 1
	Adjustment of the first vertebrae between the thorax and the pelvis
L2	Lumbar 2
	Adjustment of the second vertebrae between the thorax and the pelvis
L3	Lumbar 3
	Adjustment of the third vertebrae between the thorax and the pelvis
L4	Lumbar 4
	Adjustment of the fourth vertebrae between the thorax and the pelvis
L5	Lumbar 5
	Adjustment to the fifth vertebrae between the thorax and the pelvis
OC	Occiput
	Adjustment of the back part of the neck
SA	Sacrum
	Adjustment of the triangular bone just below the lumbar vertebrae
T1	Thoracic 1
	Adjustment of the first vertebrae located between the neck and the respiratory diaphragm
T10	Thoracic 10
	Adjustment of the tenth vertebrae located between the neck and the respiratory diaphragm
T11	Thoracic 11
	Adjustment of the eleventh vertebrae located between the neck and the respiratory diaphragm
T12	Thoracic 12
	Adjustment of the twelfth vertebrae located between the neck and the respiratory diaphragm
T2	Thoracic 2
	Adjustment of the second vertebrae located between the neck and the respiratory diaphragm
T3	Thoracic 3
	Adjustment of the third vertebrae located between the neck and the respiratory diaphragm
T4	Thoracic 4

T5	Adjustment of the fourth vertebrae located between the neck and the respiratory diaphragm Thoracic 5
T6	Adjustment of the fifth vertebrae located between the neck and the respiratory diaphragm Thoracic 6
T7	Adjustment of the sixth vertebrae located between the neck and the respiratory diaphragm Thoracic 7
T8	Adjustment of the seventh vertebrae located between the neck and the respiratory diaphragm Thoracic 8
T9	Adjustment of the eighth vertebrae located between the neck and the respiratory diaphragm Thoracic 9
	Adjustment of the ninth vertebrae located between the neck and the respiratory diaphragm

**Situatio**      **CR204**      **1367**      **Subluxation Level Code**      **O**      **ID 2/3**

Code identifying the specific level of subluxation  
Required if additional subluxation is involved in claim to indicate a range (i.e., subluxation from CR203 to CR204).

ALIAS: Subluxation Level Code

NSF Reference: GC0-08.0

INDUSTRY: Subluxation Level Code

C1	Cervical 1 Adjustment of the first neck vertebrae
C2	Cervical 2 Adjustment of the second neck vertebrae
C3	Cervical 3 Adjustment of the third neck vertebrae
C4	Cervical 4 Adjustment of the fourth neck vertebrae
C5	Cervical 5 Adjustment of the fifth neck vertebrae
C6	Cervical 6 Adjustment of the sixth neck vertebrae
C7	Cervical 7 Adjustment of the seventh neck vertebrae
CO	Coccyx Adjustment of the caudal extremity of the vertebrae
IL	Ilium Adjustment of the expansive superior portion of the hip bone
L1	Lumbar 1 Adjustment of the first vertebrae between the thorax and the pelvis
L2	Lumbar 2 Adjustment of the second vertebrae between the thorax and the pelvis
L3	Lumbar 3 Adjustment of the third vertebrae between the thorax and the pelvis

L4	Lumbar 4 Adjustment of the fourth vertebrae between the thorax and the pelvis
L5	Lumbar 5 Adjustment to the fifth vertebrae between the thorax and the pelvis
OC	Occiput Adjustment of the back part of the neck
SA	Sacrum Adjustment of the triangular bone just below the lumbar vertebrae
T1	Thoracic 1 Adjustment of the first vertebrae located between the neck and the respiratory diaphragm
T10	Thoracic 10 Adjustment of the tenth vertebrae located between the neck and the respiratory diaphragm
T11	Thoracic 11 Adjustment of the eleventh vertebrae located between the neck and the respiratory diaphragm
T12	Thoracic 12 Adjustment of the twelfth vertebrae located between the neck and the respiratory diaphragm
T2	Thoracic 2 Adjustment of the second vertebrae located between the neck and the respiratory diaphragm
T3	Thoracic 3 Adjustment of the third vertebrae located between the neck and the respiratory diaphragm
T4	Thoracic 4 Adjustment of the fourth vertebrae located between the neck and the respiratory diaphragm
T5	Thoracic 5 Adjustment of the fifth vertebrae located between the neck and the respiratory diaphragm
T6	Thoracic 6 Adjustment of the sixth vertebrae located between the neck and the respiratory diaphragm
T7	Thoracic 7 Adjustment of the seventh vertebrae located between the neck and the respiratory diaphragm
T8	Thoracic 8 Adjustment of the eighth vertebrae located between the neck and the respiratory diaphragm
T9	Thoracic 9 Adjustment of the ninth vertebrae located between the neck and the respiratory diaphragm

**Required CR205 355 Unit or Basis for Measurement Code X ID 2/2**

Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken

INDUSTRY: Unit or Basis for Measurement Code

DA	Days
MO	Months
WK	Week
YR	Years

**Required CR206 380 Quantity X R 1/15**

			Numeric value of quantity ALIAS: Treatment Series Period. Spinal Manipulation  NSF Reference: GC0-09.0	
<b>Required</b>	<b>CR207</b>	<b>380</b>	INDUSTRY: Treatment Period Count <b>Quantity</b> Numeric value of quantity ALIAS: Treatment Number in Month. Spinal Manipulation  NSF Reference: GC0-10.0	<b>O R 1/15</b>
<b>Required</b>	<b>CR208</b>	<b>1342</b>	INDUSTRY: Monthly Treatment Count <b>Nature of Condition Code</b> Code indicating the nature of a patient's condition ALIAS: Nature of Condition Code. Spinal Manipulation  NSF Reference: GC0-11.0  INDUSTRY: Patient Condition Code A Acute Condition A disease of rapid onset, severe symptoms, and brief duration C Chronic Condition A disease of long duration involving very slow changes; such a disease is often of gradual onset; the term does not imply anything about the severity of the disease D Non-acute E Non-Life Threatening F Routine G Symptomatic M Acute Manifestation of a Chronic Condition A disease of long duration interrupted by a rapid onset of severe symptoms of brief duration	<b>O ID 1/1</b>
<b>Required</b>	<b>CR209</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response ALIAS: Complication Indicator. Spinal Manipulation  NSF Reference: GC0-13.0  INDUSTRY: Complication Indicator N No Y Yes	<b>O ID 1/1</b>
<b>Situatio</b>	<b>CR210</b>	<b>352</b>	<b>Description</b> A free-form description to clarify the related data elements and their content Used at discretion of submitter.  ALIAS: Patient Condition Description. Spinal Manipulation  NSF Reference: GC0-14.0	<b>O AN 1/80</b>
<b>Situatio</b>	<b>CR211</b>	<b>352</b>	INDUSTRY: Patient Condition Description <b>Description</b> A free-form description to clarify the related data elements and their content Used at discretion of submitter.	<b>O AN 1/80</b>

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ALIAS: Patient Condition Description. Spinal Manipulation

NSF Reference: GC0-14.0

<b>Required</b>	<b>CR212</b>	<b>1073</b>	<b>INDUSTRY: Patient Condition Description</b>	<b>O</b>	<b>ID 1/1</b>
			<b>Yes/No Condition or Response Code</b>		

Code indicating a Yes or No condition or response

ALIAS: X-ray Availability Indicator. Spinal Manipulation

NSF Reference: GC0-15.0

INDUSTRY: X-ray Availability Indicator

N	No
Y	Yes

<b>Segment:</b>	<b>CRC</b> Ambulance Certification
<b>Position:</b>	220
<b>Loop:</b>	2300 Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	3
<b>Purpose:</b>	To supply information on conditions
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	<ol style="list-style-type: none"> <li>1 CRC01 qualifies CRC03 through CRC07.</li> <li>2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.</li> </ol>
<b>Comments:</b>	
<b>Notes:</b>	The CRC segment in Loop ID-2300 applies to the entire claim unless overridden by a CRC segment at the service line level in Loop ID-2400 with the same value in CRC01.

Required on ambulance claims/encounters, i.e. when CR1 segment is used.

Data Element Summary				
	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>CRC01</b>	<b>1136</b>	<b>Code Category</b>	<b>M ID 2/2</b>
			Specifies the situation or category to which the code applies	
			INDUSTRY: Code Category	
			07 Ambulance Certification	
<b>Required</b>	<b>CRC02</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>M ID 1/1</b>
			Code indicating a Yes or No condition or response	
			ALIAS: Certification Condition Code Applies Indicator	
			INDUSTRY: Certification Condition Indicator	
			N No	
			Y Yes	
<b>Required</b>	<b>CRC03</b>	<b>1321</b>	<b>Condition Indicator</b>	<b>M ID 2/2</b>
			Code indicating a condition	
			The codes for CRC03 also can be used for CRC04 through CRC07.	
			ALIAS: Condition Indicator	
			INDUSTRY: Condition Code	
			01 Patient was admitted to a hospital	
			GA0-06.0	
			02 Patient was bed confined before the ambulance service	
			GA0-08.0	
			03 Patient was bed confined after the ambulance service	
			GA0-09.0	
			04 Patient was moved by stretcher	
			GA0-10.0	
			05 Patient was unconscious or in shock	
			GA0-11.0	
			06 Patient was transported in an emergency situation	
			GA0-12.0	
			07 Patient had to be physically restrained	
			GA0-13.0	
			08 Patient had visible hemorrhaging	

GA0-14.0

09 Ambulance service was medically necessary

GA0-16.0

60 Transportation Was To the Nearest Facility

GA0-24.0

**Situatio CRC04 1321 Condition Indicator O ID 2/2**

Code indicating a condition

Required if additional condition codes are needed.

Use the codes listed in CRC03.

ALIAS: Condition Indicator

INDUSTRY: Condition Code

- 01 Patient was admitted to a hospital
- 02 Patient was bed confined before the ambulance service
- 03 Patient was bed confined after the ambulance service
- 04 Patient was moved by stretcher
- 05 Patient was unconscious or in shock
- 06 Patient was transported in an emergency situation
- 07 Patient had to be physically restrained
- 08 Patient had visible hemorrhaging
- 09 Ambulance service was medically necessary
- 60 Transportation Was To the Nearest Facility

**Situatio CRC05 1321 Condition Indicator O ID 2/2**

Code indicating a condition

Required if additional condition codes are needed.

Use the codes listed in CRC03.

ALIAS: Condition Indicator

INDUSTRY: Condition Code

- 01 Patient was admitted to a hospital
- 02 Patient was bed confined before the ambulance service
- 03 Patient was bed confined after the ambulance service
- 04 Patient was moved by stretcher
- 05 Patient was unconscious or in shock
- 06 Patient was transported in an emergency situation
- 07 Patient had to be physically restrained
- 08 Patient had visible hemorrhaging
- 09 Ambulance service was medically necessary
- 60 Transportation Was To the Nearest Facility

**Situatio CRC06 1321 Condition Indicator O ID 2/2**

Code indicating a condition

Required if additional condition codes are needed.

Use the codes listed in CRC03.

ALIAS: Condition Indicator

INDUSTRY: Condition Code

- 01 Patient was admitted to a hospital
- 02 Patient was bed confined before the ambulance service

03	Patient was bed confined after the ambulance service
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
60	Transportation Was To the Nearest Facility

**Situatio**      **CRC07**      **1321**      **Condition Indicator**      **O**      **ID 2/2**

Code indicating a condition

Required if additional condition codes are needed.

Use the codes listed in CRC03.

ALIAS: Condition Indicator

INDUSTRY: Condition Code

01	Patient was admitted to a hospital
02	Patient was bed confined before the ambulance service
03	Patient was bed confined after the ambulance service
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
60	Transportation Was To the Nearest Facility



<b>Segment:</b>	<b>CRC</b>	<b>Patient Condition Information: Vision</b>
<b>Position:</b>	220	
<b>Loop:</b>	2300	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	3	
<b>Purpose:</b>	To supply information on conditions	
<b>Syntax Notes:</b>		
<b>Semantic Notes:</b>	<b>1</b> CRC01 qualifies CRC03 through CRC07. <b>2</b> CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.	
<b>Comments:</b>		
<b>Notes:</b>	Required on vision claims/encounters involving replacement lenses or frames.	

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	CRC01	1136	<b>Code Category</b>	<b>M ID 2/2</b>
Specifies the situation or category to which the code applies				
INDUSTRY: Code Category				
E1 Spectacle Lenses				
E2 Contact Lenses				
E3 Spectacle Frames				
Required	CRC02	1073	<b>Yes/No Condition or Response Code</b>	<b>M ID 1/1</b>
Code indicating a Yes or No condition or response				
ALIAS: Certification Condition Code Applies Indicator				
INDUSTRY: Certification Condition Indicator				
N No				
Y Yes				
Required	CRC03	1321	<b>Condition Indicator</b>	<b>M ID 2/2</b>
Code indicating a condition				
ALIAS: Condition Indicator				
INDUSTRY: Condition Code				
L1 General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met				
L2 Replacement Due to Loss or Theft				
L3 Replacement Due to Breakage or Damage				
L4 Replacement Due to Patient Preference				
L5 Replacement Due to Medical Reason				
Situatio	CRC04	1321	<b>Condition Indicator</b>	<b>O ID 2/2</b>
Code indicating a condition				
Use codes listed in CRC03.				
Required if additional condition codes are needed.				
INDUSTRY: Condition Code				
L1 General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met				
L2 Replacement Due to Loss or Theft				
L3 Replacement Due to Breakage or Damage				
L4 Replacement Due to Patient Preference				
L5 Replacement Due to Medical Reason				

<b>Situatio</b>	<b>CRC05</b>	<b>1321</b>	<b>Condition Indicator</b>	<b>O ID 2/2</b>
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Code indicating a condition  
Use codes listed in CRC03.

Required if additional condition codes are needed.

INDUSTRY: Condition Code

- |    |   |
|----|---|
| L1 | General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met |
| L2 | Replacement Due to Loss or Theft  |
| L3 | Replacement Due to Breakage or Damage                                     |
| L4 | Replacement Due to Patient Preference                                     |
| L5 | Replacement Due to Medical Reason   |

<b>Situatio</b>	<b>CRC06</b>	<b>1321</b>	<b>Condition Indicator</b>	<b>O ID 2/2</b>
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Code indicating a condition  
Use codes listed in CRC03.

Required if additional condition codes are needed.

INDUSTRY: Condition Code

- |    |   |
|----|---|
| L1 | General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met |
| L2 | Replacement Due to Loss or Theft  |
| L3 | Replacement Due to Breakage or Damage                                     |
| L4 | Replacement Due to Patient Preference                                     |
| L5 | Replacement Due to Medical Reason   |

<b>Situatio</b>	<b>CRC07</b>	<b>1321</b>	<b>Condition Indicator</b>	<b>O ID 2/2</b>
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Code indicating a condition  
Use codes listed in CRC03.

Required if additional condition codes are needed.

INDUSTRY: Condition Code

- |    |   |
|----|---|
| L1 | General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met |
| L2 | Replacement Due to Loss or Theft  |
| L3 | Replacement Due to Breakage or Damage                                     |
| L4 | Replacement Due to Patient Preference                                     |
| L5 | Replacement Due to Medical Reason   |

<b>Segment:</b>	<b>CRC</b> Homebound Indicator
<b>Position:</b>	220
<b>Loop:</b>	2300 Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply information on conditions
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	<ol style="list-style-type: none"> <li>1 CRC01 qualifies CRC03 through CRC07.</li> <li>2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.</li> </ol>
<b>Comments:</b>	
<b>Notes:</b>	Required for Medicare claims/encounters when an independent laboratory renders an EKG tracing or obtains a specimen from a homebound or institutionalized patient.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	CRC01	1136	<b>Code Category</b> Specifies the situation or category to which the code applies INDUSTRY: Code Category 75 Functional Limitations	M ID 2/2
Required	CRC02	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response INDUSTRY: Certification Condition Indicator Y Yes	M ID 1/1
Required	CRC03	1321	<b>Condition Indicator</b> Code indicating a condition INDUSTRY: Homebound Indicator IH Independent at Home EA0-50.0	M ID 2/2
Not Used	CRC04	1321	<b>Condition Indicator</b> Code indicating a condition	O ID 2/2
Not Used	CRC05	1321	<b>Condition Indicator</b> Code indicating a condition	O ID 2/2
Not Used	CRC06	1321	<b>Condition Indicator</b> Code indicating a condition	O ID 2/2
Not Used	CRC07	1321	<b>Condition Indicator</b> Code indicating a condition	O ID 2/2

<b>Segment:</b>	<b>HI</b> Health Care Diagnosis Code
<b>Position:</b>	231
<b>Loop:</b>	2300 Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply information related to the delivery of health care
<b>Syntax Notes:</b>	<b>1</b> If either C02203 or C02204 is present, then the other is required. <b>2</b> If either C02203 or C02204 is present, then the other is required. <b>3</b> If either C02203 or C02204 is present, then the other is required. <b>4</b> If either C02203 or C02204 is present, then the other is required. <b>5</b> If either C02203 or C02204 is present, then the other is required. <b>6</b> If either C02203 or C02204 is present, then the other is required. <b>7</b> If either C02203 or C02204 is present, then the other is required. <b>8</b> If either C02203 or C02204 is present, then the other is required. <b>9</b> If either C02203 or C02204 is present, then the other is required. <b>10</b> If either C02203 or C02204 is present, then the other is required. <b>11</b> If either C02203 or C02204 is present, then the other is required. <b>12</b> If either C02203 or C02204 is present, then the other is required.

**Semantic Notes:****Comments:**

**Notes:** Required on all claims/encounters except claims for which there are no diagnoses (e.g., taxi claims).

Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.

**Data Element Summary**

	<b>Ref.</b>	<b>Data</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element Name</b>	
<b>Required</b>	<b>HI01</b>	<b>C022 Health Care Code Information</b>	<b>M</b>
		To send health care codes and their associated dates, amounts and quantities	
		With a few exceptions, it is not recommended to put E codes in HI01. E codes may be put in any other HI element using BF as the qualifier.	
		The diagnosis listed in this element is assumed to be the principal diagnosis.	
<b>Required</b>	<b>C02201</b>	<b>1270 ALIAS: Principal Diagnosis Code List Qualifier Code</b>	<b>M ID 1/3</b>
		Code identifying a specific industry code list	
		INDUSTRY: Diagnosis Type Code	
		BK Principal Diagnosis	
		ICD-9 Codes	
<b>Required</b>	<b>C02202</b>	<b>1271 Industry Code</b>	<b>M AN 1/30</b>
		Code indicating a code from a specific industry code list	
		NSF Reference: EA0-32.0, GX0-31.0, GU0-12.0	
<b>Not Used</b>	<b>C02203</b>	<b>1250 INDUSTRY: Diagnosis Code Date Time Period Format Qualifier</b>	<b>X ID 2/3</b>
		Code indicating the date format, time format, or date and time format	
<b>Not Used</b>	<b>C02204</b>	<b>1251 Date Time Period</b>	<b>X AN 1/35</b>
		Expression of a date, a time, or range of dates, times or dates and times	
<b>Not Used</b>	<b>C02205</b>	<b>782 Monetary Amount</b>	<b>O R 1/18</b>
		Monetary amount	
<b>Not Used</b>	<b>C02206</b>	<b>380 Quantity</b>	<b>O R 1/15</b>
		Numeric value of quantity	
<b>Not Used</b>	<b>C02207</b>	<b>799 Version Identifier</b>	<b>O AN 1/30</b>

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			Revision level of a particular format, program, technique or algorithm	
<b>Situatio</b>	<b>HI02</b>	<b>C022</b>	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-01 and C022-03.  Required if needed to report an additional diagnoses and if the preceeding HI data elements have been used to report other diagnoses.	<b>O</b>
<b>Required</b>	<b>C02201</b>	<b>1270</b>	ALIAS: Diagnosis <b>Code List Qualifier Code</b> Code identifying a specific industry code list INDUSTRY: Diagnosis Type Code BF Diagnosis ICD-9 Codes	<b>M ID 1/3</b>
<b>Required</b>	<b>C02202</b>	<b>1271</b>	<b>Industry Code</b> Code indicating a code from a specific industry code list NSF Reference: EA0-33.0, GX0-32.0, GU0-13.0	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C02203</b>	<b>1250</b>	INDUSTRY: Diagnosis Code <b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C02204</b>	<b>1251</b>	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	<b>X AN 1/35</b>
<b>Not Used</b>	<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount	<b>O R 1/18</b>
<b>Not Used</b>	<b>C02206</b>	<b>380</b>	<b>Quantity</b> Numeric value of quantity	<b>O R 1/15</b>
<b>Not Used</b>	<b>C02207</b>	<b>799</b>	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm	<b>O AN 1/30</b>
<b>Situatio</b>	<b>HI03</b>	<b>C022</b>	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-01 and C022-03.  Required if needed to report an additional diagnoses and if the preceeding HI data elements have been used to report other diagnoses.	<b>O</b>
<b>Required</b>	<b>C02201</b>	<b>1270</b>	ALIAS: Diagnosis <b>Code List Qualifier Code</b> Code identifying a specific industry code list INDUSTRY: Diagnosis Type Code BF Diagnosis ICD-9 Codes	<b>M ID 1/3</b>
<b>Required</b>	<b>C02202</b>	<b>1271</b>	<b>Industry Code</b> Code indicating a code from a specific industry code list NSF Reference: EA0-34.0, GX0-33.0, GU0-14.0	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C02203</b>	<b>1250</b>	INDUSTRY: Diagnosis Code <b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C02204</b>	<b>1251</b>	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	<b>X AN 1/35</b>
<b>Not Used</b>	<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount	<b>O R 1/18</b>

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<b>Not Used</b>	<b>C02206</b>	<b>380</b>	<b>Quantity</b>	<b>O</b>	<b>R 1/15</b>
			Numeric value of quantity		
<b>Not Used</b>	<b>C02207</b>	<b>799</b>	<b>Version Identifier</b>	<b>O</b>	<b>AN 1/30</b>
			Revision level of a particular format, program, technique or algorithm		
<b>Situatio</b>	<b>HI04</b>	<b>C022</b>	<b>Health Care Code Information</b>	<b>O</b>	
			To send health care codes and their associated dates, amounts and quantities		
			Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-01 and C022-03.		
			Required if needed to report an additional diagnoses and if the preceeding HI data elements have been used to report other diagnoses.		
<b>Required</b>	<b>C02201</b>	<b>1270</b>	ALIAS: Diagnosis <b>Code List Qualifier Code</b>	<b>M</b>	<b>ID 1/3</b>
			Code identifying a specific industry code list		
			INDUSTRY: Diagnosis Type Code		
			BF                      Diagnosis		
			ICD-9 Codes		
<b>Required</b>	<b>C02202</b>	<b>1271</b>	<b>Industry Code</b>	<b>M</b>	<b>AN 1/30</b>
			Code indicating a code from a specific industry code list		
			NSF Reference: EA0-35.0, GX0-34.0, GU0-15.0		
<b>Not Used</b>	<b>C02203</b>	<b>1250</b>	INDUSTRY: Diagnosis Code <b>Date Time Period Format Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code indicating the date format, time format, or date and time format		
<b>Not Used</b>	<b>C02204</b>	<b>1251</b>	<b>Date Time Period</b>	<b>X</b>	<b>AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times		
<b>Not Used</b>	<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O</b>	<b>R 1/18</b>
			Monetary amount		
<b>Not Used</b>	<b>C02206</b>	<b>380</b>	<b>Quantity</b>	<b>O</b>	<b>R 1/15</b>
			Numeric value of quantity		
<b>Not Used</b>	<b>C02207</b>	<b>799</b>	<b>Version Identifier</b>	<b>O</b>	<b>AN 1/30</b>
			Revision level of a particular format, program, technique or algorithm		
<b>Situatio</b>	<b>HI05</b>	<b>C022</b>	<b>Health Care Code Information</b>	<b>O</b>	
			To send health care codes and their associated dates, amounts and quantities		
			Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-01 and C022-03.		
			Required if needed to report an additional diagnoses and if the preceeding HI data elements have been used to report other diagnoses.		
<b>Required</b>	<b>C02201</b>	<b>1270</b>	ALIAS: Diagnosis <b>Code List Qualifier Code</b>	<b>M</b>	<b>ID 1/3</b>
			Code identifying a specific industry code list		
			INDUSTRY: Diagnosis Type Code		
			BF                      Diagnosis		
			ICD-9 Codes		
<b>Required</b>	<b>C02202</b>	<b>1271</b>	<b>Industry Code</b>	<b>M</b>	<b>AN 1/30</b>
			Code indicating a code from a specific industry code list		
			INDUSTRY: Diagnosis Code		
<b>Not Used</b>	<b>C02203</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code indicating the date format, time format, or date and time format		
<b>Not Used</b>	<b>C02204</b>	<b>1251</b>	<b>Date Time Period</b>	<b>X</b>	<b>AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times		
<b>Not Used</b>	<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O</b>	<b>R 1/18</b>

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			Monetary amount	
<b>Not Used</b>	<b>C02206</b>	<b>380</b>	<b>Quantity</b>	<b>O R 1/15</b>
			Numeric value of quantity	
<b>Not Used</b>	<b>C02207</b>	<b>799</b>	<b>Version Identifier</b>	<b>O AN 1/30</b>
			Revision level of a particular format, program, technique or algorithm	
<b>Situatio</b>	<b>HI06</b>	<b>C022</b>	<b>Health Care Code Information</b>	<b>O</b>
			To send health care codes and their associated dates, amounts and quantities	
			Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-01 and C022-03.	
			Required if needed to report an additional diagnoses and if the preceeding HI data elements have been used to report other diagnoses.	
<b>Required</b>	<b>C02201</b>	<b>1270</b>	ALIAS: Diagnosis <b>Code List Qualifier Code</b>	<b>M ID 1/3</b>
			Code identifying a specific industry code list	
			INDUSTRY: Diagnosis Type Code	
			BF Diagnosis	
			ICD-9 Codes	
<b>Required</b>	<b>C02202</b>	<b>1271</b>	<b>Industry Code</b>	<b>M AN 1/30</b>
			Code indicating a code from a specific industry code list	
			INDUSTRY: Diagnosis Code	
<b>Not Used</b>	<b>C02203</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>X ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
<b>Not Used</b>	<b>C02204</b>	<b>1251</b>	<b>Date Time Period</b>	<b>X AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
<b>Not Used</b>	<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O R 1/18</b>
			Monetary amount	
<b>Not Used</b>	<b>C02206</b>	<b>380</b>	<b>Quantity</b>	<b>O R 1/15</b>
			Numeric value of quantity	
<b>Not Used</b>	<b>C02207</b>	<b>799</b>	<b>Version Identifier</b>	<b>O AN 1/30</b>
			Revision level of a particular format, program, technique or algorithm	
<b>Situatio</b>	<b>HI07</b>	<b>C022</b>	<b>Health Care Code Information</b>	<b>O</b>
			To send health care codes and their associated dates, amounts and quantities	
			Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-01 and C022-03.	
			Required if needed to report an additional diagnoses and if the preceeding HI data elements have been used to report other diagnoses.	
<b>Required</b>	<b>C02201</b>	<b>1270</b>	ALIAS: Diagnosis <b>Code List Qualifier Code</b>	<b>M ID 1/3</b>
			Code identifying a specific industry code list	
			INDUSTRY: Diagnosis Type Code	
			BF Diagnosis	
			ICD-9 Codes	
<b>Required</b>	<b>C02202</b>	<b>1271</b>	<b>Industry Code</b>	<b>M AN 1/30</b>
			Code indicating a code from a specific industry code list	
			INDUSTRY: Diagnosis Code	
<b>Not Used</b>	<b>C02203</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>X ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
<b>Not Used</b>	<b>C02204</b>	<b>1251</b>	<b>Date Time Period</b>	<b>X AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
<b>Not Used</b>	<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O R 1/18</b>

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			Monetary amount	
<b>Not Used</b>	<b>C02206</b>	<b>380</b>	<b>Quantity</b>	<b>O R 1/15</b>
			Numeric value of quantity	
<b>Not Used</b>	<b>C02207</b>	<b>799</b>	<b>Version Identifier</b>	<b>O AN 1/30</b>
			Revision level of a particular format, program, technique or algorithm	
<b>Situatio</b>	<b>HI08</b>	<b>C022</b>	<b>Health Care Code Information</b>	<b>O</b>
			To send health care codes and their associated dates, amounts and quantities	
			Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-01 and C022-03.	
			Required if needed to report an additional diagnoses and if the preceeding HI data elements have been used to report other diagnoses.	
			ALIAS: Diagnosis	
<b>Required</b>	<b>C02201</b>	<b>1270</b>	<b>Code List Qualifier Code</b>	<b>M ID 1/3</b>
			Code identifying a specific industry code list	
			INDUSTRY: Diagnosis Type Code	
			BF Diagnosis	
			ICD-9 Codes	
<b>Required</b>	<b>C02202</b>	<b>1271</b>	<b>Industry Code</b>	<b>M AN 1/30</b>
			Code indicating a code from a specific industry code list	
			INDUSTRY: Diagnosis Code	
<b>Not Used</b>	<b>C02203</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>X ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
<b>Not Used</b>	<b>C02204</b>	<b>1251</b>	<b>Date Time Period</b>	<b>X AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
<b>Not Used</b>	<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O R 1/18</b>
			Monetary amount	
<b>Not Used</b>	<b>C02206</b>	<b>380</b>	<b>Quantity</b>	<b>O R 1/15</b>
			Numeric value of quantity	
<b>Not Used</b>	<b>C02207</b>	<b>799</b>	<b>Version Identifier</b>	<b>O AN 1/30</b>
			Revision level of a particular format, program, technique or algorithm	
<b>Not Used</b>	<b>HI09</b>	<b>C022</b>	<b>Health Care Code Information</b>	<b>O</b>
			To send health care codes and their associated dates, amounts and quantities	
<b>Not Used</b>	<b>C02201</b>	<b>1270</b>	<b>Code List Qualifier Code</b>	<b>M ID 1/3</b>
			Code identifying a specific industry code list	
<b>Not Used</b>	<b>C02202</b>	<b>1271</b>	<b>Industry Code</b>	<b>M AN 1/30</b>
			Code indicating a code from a specific industry code list	
<b>Not Used</b>	<b>C02203</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>X ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
<b>Not Used</b>	<b>C02204</b>	<b>1251</b>	<b>Date Time Period</b>	<b>X AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
<b>Not Used</b>	<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O R 1/18</b>
			Monetary amount	
<b>Not Used</b>	<b>C02206</b>	<b>380</b>	<b>Quantity</b>	<b>O R 1/15</b>
			Numeric value of quantity	
<b>Not Used</b>	<b>C02207</b>	<b>799</b>	<b>Version Identifier</b>	<b>O AN 1/30</b>
			Revision level of a particular format, program, technique or algorithm	
<b>Not Used</b>	<b>HI10</b>	<b>C022</b>	<b>Health Care Code Information</b>	<b>O</b>
			To send health care codes and their associated dates, amounts and quantities	
<b>Not Used</b>	<b>C02201</b>	<b>1270</b>	<b>Code List Qualifier Code</b>	<b>M ID 1/3</b>
			Code identifying a specific industry code list	



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Not Used	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	M	AN 1/30
Not Used	C02203	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format	X	ID 2/3
Not Used	C02204	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
Not Used	C02205	782	<b>Monetary Amount</b> Monetary amount	O	R 1/18
Not Used	C02206	380	<b>Quantity</b> Numeric value of quantity	O	R 1/15
Not Used	C02207	799	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm	O	AN 1/30
Not Used	HI11	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities	O	
Not Used	C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list	M	ID 1/3
Not Used	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	M	AN 1/30
Not Used	C02203	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format	X	ID 2/3
Not Used	C02204	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
Not Used	C02205	782	<b>Monetary Amount</b> Monetary amount	O	R 1/18
Not Used	C02206	380	<b>Quantity</b> Numeric value of quantity	O	R 1/15
Not Used	C02207	799	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm	O	AN 1/30
Not Used	HI12	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities	O	
Not Used	C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list	M	ID 1/3
Not Used	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	M	AN 1/30
Not Used	C02203	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format	X	ID 2/3
Not Used	C02204	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
Not Used	C02205	782	<b>Monetary Amount</b> Monetary amount	O	R 1/18
Not Used	C02206	380	<b>Quantity</b> Numeric value of quantity	O	R 1/15
Not Used	C02207	799	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm	O	AN 1/30

<b>Segment:</b>	<b>HCP</b>	<b>Claim Pricing/Repricing Information</b>
<b>Position:</b>	241	
<b>Loop:</b>	2300	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify pricing or repricing information about a health care claim or line item	
<b>Syntax Notes:</b>	<b>1</b> At least one of HCP01 or HCP13 is required. <b>2</b> If either HCP09 or HCP10 is present, then the other is required. <b>3</b> If either HCP11 or HCP12 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> HCP02 is the allowed amount. <b>2</b> HCP03 is the savings amount. <b>3</b> HCP04 is the repricing organization identification number. <b>4</b> HCP05 is the pricing rate associated with per diem or flat rate repricing. <b>5</b> HCP06 is the approved DRG code. <b>6</b> HCP07 is the approved DRG amount. <b>7</b> HCP08 is the approved revenue code. <b>8</b> HCP10 is the approved procedure code. <b>9</b> HCP12 is the approved service units or inpatient days. <b>10</b> HCP13 is the rejection message returned from the third party organization. <b>11</b> HCP15 is the exception reason generated by a third party organization.	
<b>Comments:</b>	<b>1</b> HCP06, HCP07, HCP08, HCP10, and HCP12 are fields that will contain different values from the original submitted values.	
<b>Notes:</b>	Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.	

For capitated encounters, pricing or repricing information usually is not applicable and is provided to qualify other information within the claim.

#### Data Element Summary

Ref.	Data			
	<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	HCP01	1473	Pricing Methodology	X ID 2/2
			Code specifying pricing methodology at which the claim or line item has been priced or repriced	
			Trading partners need to agree on the codes to use in this element. There do not appear to be standard definitions for the code elements.	
			ALIAS: Pricing/repricing methodology	
			INDUSTRY: Pricing Methodology	
			00	Zero Pricing (Not Covered Under Contract)
			01	Priced as Billed at 100%
			02	Priced at the Standard Fee Schedule
			03	Priced at a Contractual Percentage
			04	Bundled Pricing
			05	Peer Review Pricing
			07	Flat Rate Pricing
			08	Combination Pricing
			09	Maternity Pricing
			10	Other Pricing
			11	Lower of Cost
			12	Ratio of Cost
			13	Cost Reimbursed
			14	Adjustment Pricing
Required	HCP02	782	Monetary Amount	O R 1/18

			Monetary amount	
			Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.	
			ALIAS: Allowed amount, Pricing	
<b>Situatio</b>	<b>HCP03</b>	<b>782</b>	INDUSTRY: Repriced Allowed Amount <b>Monetary Amount</b> Monetary amount Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.  ALIAS: Savings amount, Pricing	<b>O R 1/18</b>
<b>Situatio</b>	<b>HCP04</b>	<b>127</b>	INDUSTRY: Repriced Saving Amount <b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.  ALIAS: Repricing Organization Identifier	<b>O AN 1/30</b>
<b>Situatio</b>	<b>HCP05</b>	<b>118</b>	INDUSTRY: Repricing Organization Identifier <b>Rate</b> Rate expressed in the standard monetary denomination for the currency specified Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.  ALIAS: Pricing rate	<b>O R 1/9</b>
<b>Situatio</b>	<b>HCP06</b>	<b>127</b>	INDUSTRY: Repricing Per Diem or Flat Rate Amount <b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.  ALIAS: Approved APG code, Pricing	<b>O AN 1/30</b>
<b>Situatio</b>	<b>HCP07</b>	<b>782</b>	INDUSTRY: Repriced Approved Ambulatory Patient Group Code <b>Monetary Amount</b> Monetary amount Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.  ALIAS: Approved APG amount, Pricing	<b>O R 1/18</b>
<b>Not Used</b>	<b>HCP08</b>	<b>234</b>	INDUSTRY: Repriced Approved Ambulatory Patient Group Amount <b>Product/Service ID</b> Identifying number for a product or service	<b>O AN 1/48</b>
<b>Not Used</b>	<b>HCP09</b>	<b>235</b>	<b>Product/Service ID Qualifier</b> Code identifying the type/source of the descriptive number used in Product/Service ID (234)	<b>X ID 2/2</b>
<b>Not Used</b>	<b>HCP10</b>	<b>234</b>	<b>Product/Service ID</b> Identifying number for a product or service	<b>X AN 1/48</b>
<b>Not Used</b>	<b>HCP11</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b>	<b>X ID 2/2</b>

			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	
<b>Not Used</b>	<b>HCP12</b>	<b>380</b>	<b>Quantity</b>	<b>X R 1/15</b>
			Numeric value of quantity	
<b>Situatio</b>	<b>HCP13</b>	<b>901</b>	<b>Reject Reason Code</b>	<b>X ID 2/2</b>
			Code assigned by issuer to identify reason for rejection	
			Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.	
			ALIAS: Reject reason code	
			INDUSTRY: Reject Reason Code	
			T1 Cannot Identify Provider as TPO (Third Party Organization) Participant	
			T2 Cannot Identify Payer as TPO (Third Party Organization) Participant	
			T3 Cannot Identify Insured as TPO (Third Party Organization) Participant	
			T4 Payer Name or Identifier Missing	
			T5 Certification Information Missing	
			T6 Claim does not contain enough information for re-pricing	
<b>Situatio</b>	<b>HCP14</b>	<b>1526</b>	<b>Policy Compliance Code</b>	<b>O ID 1/2</b>
			Code specifying policy compliance	
			Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.	
			ALIAS: Policy compliance code	
			INDUSTRY: Policy Compliance Code	
			1 Procedure Followed (Compliance)	
			2 Not Followed - Call Not Made (Non-Compliance Call Not Made)	
			3 Not Medically Necessary (Non-Compliance Non-Medically Necessary)	
			4 Not Followed Other (Non-Compliance Other)	
			5 Emergency Admit to Non-Network Hospital	
<b>Situatio</b>	<b>HCP15</b>	<b>1527</b>	<b>Exception Code</b>	<b>O ID 1/2</b>
			Code specifying the exception reason for consideration of out-of-network health care services	
			Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.	
			ALIAS: Exception code	
			INDUSTRY: Exception Code	
			1 Non-Network Professional Provider in Network Hospital	
			2 Emergency Care	
			3 Services or Specialist not in Network	
			4 Out-of-Service Area	
			5 State Mandates	
			6 Other	

**Segment:** **CR7** Home Health Care Plan Information

**Position:** 242

**Loop:** 2305 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To supply information related to the home health care plan of treatment and services

**Syntax Notes:**

**Semantic Notes:**

- 1 CR702 is the total visits on this bill rendered prior to the recertification "to" date.
- 2 CR703 is the total visits projected during this certification period.

**Comments:**

**Notes:** Required on home health claims/encounters that involve billing/reporting home health visits.

Data Element Summary				
	Ref.	Data	Name	Attributes
	Des.	Element		
Required	CR701	921	Discipline Type Code	M ID 2/2
			Code indicating disciplines ordered by a physician	
			ALIAS: Discipline type code	
			INDUSTRY: Discipline Type Code	
			AI Home Health Aide	
			MS Medical Social Worker	
			OT Occupational Therapy	
			PT Physical Therapy	
			SN Skilled Nursing	
			ST Speech Therapy	
Required	CR702	1470	Number	M N0 1/9
			A generic number	
			ALIAS: Total visits rendered, home health	
			INDUSTRY: Total Visits Rendered Count	
Required	CR703	1470	Number	M N0 1/9
			A generic number	
			ALIAS: Total visits projected, home health	
			INDUSTRY: Certification Period Projected Visit Count	

<b>Segment:</b>	<b>HSD</b> Health Care Services Delivery
<b>Position:</b>	243
<b>Loop:</b>	2305 Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	3
<b>Purpose:</b>	To specify the delivery pattern of health care services
<b>Syntax Notes:</b>	<b>1</b> If either HSD01 or HSD02 is present, then the other is required. <b>2</b> If HSD06 is present, then HSD05 is required.
<b>Semantic Notes:</b>	
<b>Comments:</b>	
<b>Notes:</b>	Required on claims/encounters billing/reporting home health visits where further detail is necessary to clearly substantiate medical treatment.

The HSD segment is used to specify the delivery pattern of the health care services. This is how it is used: HSD01 qualifies HSD02: If the value in HSD02=1 and the value in HSD01=VS (Visits), this means "one visit". Between HSD02 and HSD03 verbally insert a "per every." HSD03 qualifies HSD04: If the value in HSD04=3 and the value in HSD03=DA (Day), this means "three days." Between HSD04 and HSD05 verbally insert a "for." HSD05 qualifies HSD06: If the value in HSD06=21 and the value in HSD05=7 (Days), this means "21 days." The total message reads:

HSD\*VS\*1\*DA\*3\*7\*21~

= "One visit per every three days for 21 days."

Another similar data string of HSD\*VS\*2\*DA\*4\*7\*20~

= Two visits per every four days for 20 days.

An alternate way to use HSD is to employ HSD07 and/or HSD08. A data string of HSD\*VS\*1\*\*\*\*\*SX\*D~

means "1 visit on Wednesday and Thursday morning."

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>		<b>Attributes</b>
<b>Situatio</b>	<b>Des.</b>	<b>Element</b>	<b>Name</b>	
	<b>HSD01</b>	<b>673</b>	<b>Quantity Qualifier</b>	<b>X ID 2/2</b>
			Code specifying the type of quantity	
			Required if the order/prescription for the service contains the data.	
			INDUSTRY: Visits	
			VS Visits	
<b>Situatio</b>	<b>HSD02</b>	<b>380</b>	<b>Quantity</b>	<b>X R 1/15</b>
			Numeric value of quantity	
			Required if the order/prescription for the service contains the data.	
			INDUSTRY: Number of Visits	
<b>Situatio</b>	<b>HSD03</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b>	<b>O ID 2/2</b>
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	
			Required if the order/prescription for the service contains the data.	
			ALIAS: Modulus, Unit	
			INDUSTRY: Frequency Period	
			DA Days	
			MO Months	
			Month	
			Q1 Quarter (Time)	
			WK Week	
<b>Situatio</b>	<b>HSD04</b>	<b>1167</b>	<b>Sample Selection Modulus</b>	<b>O R 1/6</b>

To specify the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every fifth bag, every 1.5 minutes  
Required if the order/prescription for the service contains the data.

ALIAS: Modulus, Amount

<b>Situatio</b>	<b>HSD05</b>	<b>615</b>	INDUSTRY: Frequency Count <b>Time Period Qualifier</b>	<b>X</b>	<b>ID 1/2</b>
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Code defining periods

Required if the order/prescription for the service contains the data.

<b>Situatio</b>	<b>HSD06</b>	<b>616</b>	INDUSTRY: Duration of Visits Units 7 Day 35 Week <b>Number of Periods</b>	<b>O</b>	<b>N0 1/3</b>
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Total number of periods

Required if the order/prescription for the service contains the data.

<b>Situatio</b>	<b>HSD07</b>	<b>678</b>	INDUSTRY: Duration of Visits, Number of Units <b>Ship/Delivery or Calendar Pattern Code</b>	<b>O</b>	<b>ID 1/2</b>
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Code which specifies the routine shipments, deliveries, or calendar pattern  
Required if the order/prescription for the service contains the data.

ALIAS: Pattern Code

INDUSTRY: Ship, Delivery or Calendar Pattern Code

1	1st Week of the Month
2	2nd Week of the Month
3	3rd Week of the Month
4	4th Week of the Month
5	5th Week of the Month
6	1st & 3rd Weeks of the Month
7	2nd & 4th Weeks of the Month
A	Monday through Friday
B	Monday through Saturday
C	Monday through Sunday
D	Monday
E	Tuesday
F	Wednesday
G	Thursday
H	Friday
J	Saturday
K	Sunday
L	Monday through Thursday
N	As Directed
O	Daily Mon. through Fri.
S	Once Anytime Mon. through Fri.
SA	Sunday, Monday, Thursday, Friday, Saturday
SB	Tuesday through Saturday
SC	Sunday, Wednesday, Thursday, Friday, Saturday
SD	Monday, Wednesday, Thursday, Friday, Saturday
SG	Tuesday through Friday
SL	Monday, Tuesday and Thursday

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SP	Monday, Tuesday and Friday
SX	Wednesday and Thursday
SY	Monday, Wednesday and Thursday
SZ	Tuesday, Thursday and Friday
W	Whenever Necessary

**Situatio**      **HSD08**      **679**      **Ship/Delivery Pattern Time Code**      **O**      **ID 1/1**

Code which specifies the time for routine shipments or deliveries  
Required if the order/prescription for the service contains the data.

ALIAS: Time Code

INDUSTRY: Delivery Pattern Time Code

D	A.M.
E	P.M.
F	As Directed



<b>Segment:</b>	<b>NM1</b> Referring Provider Name
<b>Position:</b>	250
<b>Loop:</b>	2310A Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.

When there is only one referral on the claim, use code "DN - Referring Provider". When more than one referral exists and there is a requirement to report the additional referral, use code DN in the first iteration of this loop to indicate the referral received by the rendering provider on this claim. Use code "P3 - Primary Care Provider" in the second iteration of the loop to indicate the initial referral from the primary care provider or whatever provider wrote the initial referral for this patient's episode of care being billed/reported in this transaction.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required if claim involved a referral.

When reporting the provider who ordered services such as diagnostic and lab utilize the 2310A loop at the claim level. For ordered services such as DMERC utilize the 2420E Loop at the line level.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	NM101	98	Entity Identifier Code	M ID 2/3
Code identifying an organizational entity, a physical location, property or an individual				
The entity identifier in NM101 applies to all segments in this Loop ID-2310.				
INDUSTRY: Entity Identifier Code				
DN Referring Provider				
Use on first iteration of this loop. Use if loop is used only once.				
P3 Primary Care Provider				
Physician that is selected by the insured to provide medical care				
Use only if loop is used twice. Use only on second iteration of this loop.				
Required	NM102	1065	Entity Type Qualifier	M ID 1/1
Code qualifying the type of entity				
INDUSTRY: Entity Type Qualifier				
1 Person				
2 Non-Person Entity				
Required	NM103	1035	Name Last or Organization Name	O AN 1/35
Individual last name or organizational name				
ALIAS: Referring Provider Last Name				

NSF Reference: EA0-24.0

<b>Situatio</b>	<b>NM104</b>	<b>1036</b>	INDUSTRY: Referring Provider Last Name <b>Name First</b>	<b>O</b>	<b>AN 1/25</b>
			Individual first name Required if NM102=1 (person).		

ALIAS: Referring Provider First Name

NSF Reference: EA0-25.0

<b>Situatio</b>	<b>NM105</b>	<b>1037</b>	INDUSTRY: Referring Provider First Name <b>Name Middle</b>	<b>O</b>	<b>AN 1/25</b>
			Individual middle name or initial Required if NM102=1 and the middle name/initial of the person is known.		

ALIAS: Referring Provider Middle Name

NSF Reference: EA0-26.0

<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	INDUSTRY: Referring Provider Middle Name <b>Name Prefix</b>	<b>O</b>	<b>AN 1/10</b>
			Prefix to individual name		
<b>Situatio</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b>	<b>O</b>	<b>AN 1/10</b>
			Suffix to individual name Required if known.		

ALIAS: Referring Provider Generation

<b>Situatio</b>	<b>NM108</b>	<b>66</b>	INDUSTRY: Referring Provider Name Suffix <b>Identification Code Qualifier</b>	<b>X</b>	<b>ID 1/2</b>
			Code designating the system/method of code structure used for Identification Code (67) Required if Employer's Identification/Social Security number (Tax ID) or National Provider Identifier is known.		

INDUSTRY: Identification Code Qualifier

24 Employer's Identification Number

34 Social Security Number

XX Health Care Financing Administration National Provider Identifier

<b>Situatio</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b>	<b>X</b>	<b>AN 2/80</b>
			Code identifying a party or other code Required if Employer's Identification/Social Security number (Tax ID) or National Provider Identifier is known.		

ALIAS: Referring Provider Primary Identifier

NSF Reference: EA0-20.0

<b>Not Used</b>	<b>NM110</b>	<b>706</b>	INDUSTRY: Referring Provider Identifier <b>Entity Relationship Code</b>	<b>X</b>	<b>ID 2/2</b>
			Code describing entity relationship		
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O</b>	<b>ID 2/3</b>
			Code identifying an organizational entity, a physical location, property or an individual		

<b>Segment:</b>	<b>PRV</b>	<b>Referring Provider Specialty Information</b>
<b>Position:</b>	255	
<b>Loop:</b>	2310A	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify the identifying characteristics of a provider	
<b>Syntax Notes:</b>		
<b>Semantic Notes:</b>		
<b>Comments:</b>		
<b>Notes:</b>	The PRV segment in Loop ID-2310 applies to the entire claim unless overridden on the service line level by the presence of a PRV segment with the same value in PRV01.	

Required if required under provider-payer contract.

PRV02 qualifies PRV03.

Data Element Summary				
	<b>Ref.</b>	<b>Data</b>		
	<b>Des.</b>	<b>Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>PRV01</b>	<b>1221</b>	<b>Provider Code</b>	<b>M ID 1/3</b>
			Code identifying the type of provider	
			INDUSTRY: Provider Code	
			RF Referring	
<b>Required</b>	<b>PRV02</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: <a href="http://www.wpc-edi.com">http://www.wpc-edi.com</a> . This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.	
			INDUSTRY: Reference Identification Qualifier	
			ZZ Mutually Defined	
			Health Care Provider Taxonomy Code list	
<b>Required</b>	<b>PRV03</b>	<b>127</b>	<b>Reference Identification</b>	<b>M AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			ALIAS: Provider Specialty Code	
			Provider Specialty Code	
			INDUSTRY: Provider Taxonomy Code	
<b>Not Used</b>	<b>PRV04</b>	<b>156</b>	<b>State or Province Code</b>	<b>O ID 2/2</b>
			Code (Standard State/Province) as defined by appropriate government agency	
<b>Not Used</b>	<b>PRV05</b>	<b>C035</b>	<b>Provider Specialty Information</b>	<b>O</b>
			To provide provider specialty information	
<b>Not Used</b>	<b>C03501</b>	<b>1222</b>	<b>Provider Specialty Code</b>	<b>M AN 1/3</b>
			Code indicating the primary specialty of the provider, as defined by the receiver	
<b>Not Used</b>	<b>C03502</b>	<b>559</b>	<b>Agency Qualifier Code</b>	<b>O ID 2/2</b>
			Code identifying the agency assigning the code values	
<b>Not Used</b>	<b>C03503</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>O ID 1/1</b>
			Code indicating a Yes or No condition or response	
<b>Not Used</b>	<b>PRV06</b>	<b>1223</b>	<b>Provider Organization Code</b>	<b>O ID 3/3</b>
			Code identifying the organizational structure of a provider	

**Segment:** **N2** Additional Referring Provider Name Information

**Position:** 260

**Loop:** 2310A Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b> Free-form name ALIAS: Referring Provider Additional Name Information	<b>M AN 1/60</b>
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b> INDUSTRY: Referring Provider Name Additional Text Free-form name	<b>O AN 1/60</b>

<b>Segment:</b>	<b>REF</b>	<b>Referring Provider Secondary Identification</b>
<b>Position:</b>	271	
<b>Loop:</b>	2310A	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	5	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required if NM108/09 in this loop is not used or if a secondary number is necessary to identify the provider. Until the NPI is mandated for use, this REF may be required if necessary to adjudicate the claim.	

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			INDUSTRY: Reference Identification Qualifier	
			0B State License Number	
			1B Blue Shield Provider Number	
			1C Medicare Provider Number	
			1D Medicaid Provider Number	
			1G Provider UPIN Number	
			1H CHAMPUS Identification Number	
			EI Employer's Identification Number	
			G2 Provider Commercial Number	
			A unique number assigned to a provider by a commercial insurer	
			LU Location Number	
			N5 Provider Plan Network Identification Number	
			A number assigned to identify a specific provider in a health care plan network	
			SY Social Security Number	
			The social security number may not be used for Medicare.	
			X5 State Industrial Accident Provider Number	
Required	REF02	127	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			ALIAS: Referring Provider Secondary Identifier	
			NSF Reference: EA0-20.0	
Not Used	REF03	352	<b>Description</b>	<b>X AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
Not Used	REF04	C040	<b>Reference Identifier</b>	<b>O</b>
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	
Not Used	C04001	128	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	

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<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M</b>	<b>AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X</b>	<b>ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X</b>	<b>AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X</b>	<b>ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X</b>	<b>AN 1/30</b>

<b>Segment:</b>	<b>NM1</b>	<b>Rendering Provider Name</b>
<b>Position:</b>	250	
<b>Loop:</b>	2310B	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To supply the full name of an individual or organizational entity	
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.	
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.	
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.	
<b>Notes:</b>	Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.	

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required when the Rendering Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider NM1 in the 2010AA/AB loops respectively.

Used for all types of rendering providers including laboratories. The Rendering Provider is the person or company (laboratory or other facility) who rendered the care. In the case where a substitute provider (locum tenans) was used, that person should be entered here.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>NM101</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>M ID 2/3</b>
			Code identifying an organizational entity, a physical location, property or an individual	
			The entity identifier in NM101 applies to all segments in this Loop ID-2310.	
			INDUSTRY: Entity Identifier Code	
			82 Rendering Provider	
<b>Required</b>	<b>NM102</b>	<b>1065</b>	<b>Entity Type Qualifier</b>	<b>M ID 1/1</b>
			Code qualifying the type of entity	
			INDUSTRY: Entity Type Qualifier	
			1 Person	
			2 Non-Person Entity	
<b>Required</b>	<b>NM103</b>	<b>1035</b>	<b>Name Last or Organization Name</b>	<b>O AN 1/35</b>
			Individual last name or organizational name	
			ALIAS: Rendering Provider Last Name	
			NSF Reference: FB1-14.0	
<b>Situatio</b>	<b>NM104</b>	<b>1036</b>	<b>Name First</b>	<b>O AN 1/25</b>
			Individual first name	
			Required if NM102=1 (person).	
			ALIAS: Rendering Provider First Name	
			NSF Reference: FB1-15.0	
			INDUSTRY: Rendering Provider First Name	

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<b>Situatio</b>	<b>NM105</b>	<b>1037</b>	<b>Name Middle</b> Individual middle name or initial Required if NM102=1 and the middle name/initial of the person is known.  ALIAS: Rendering Provider Middle Name  NSF Reference: FB1-16.0	<b>O</b>	<b>AN 1/25</b>
<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	INDUSTRY: Rendering Provider Middle Name <b>Name Prefix</b> Prefix to individual name	<b>O</b>	<b>AN 1/10</b>
<b>Situatio</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name Required if known.  ALIAS: Rendering Provider Generation	<b>O</b>	<b>AN 1/10</b>
<b>Required</b>	<b>NM108</b>	<b>66</b>	INDUSTRY: Rendering Provider Name Suffix <b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) FA0-57.0 crosswalk is only used in Medicare COB payer-to-payer claims.  NSF Reference: FA0-57.0  INDUSTRY: Identification Code Qualifier 24 Employer's Identification Number 34 Social Security Number XX Health Care Financing Administration National Provider Identifier	<b>X</b>	<b>ID 1/2</b>
<b>Required</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code FA0-58.0 crosswalk is only used in Medicare COB payer-to-payer claims.  ALIAS: Rendering Provider Primary Identifier  NSF Reference: FA0-23.0, FA0-58.0	<b>X</b>	<b>AN 2/80</b>
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	INDUSTRY: Rendering Provider Identifier <b>Entity Relationship Code</b> Code describing entity relationship	<b>X</b>	<b>ID 2/2</b>
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	<b>O</b>	<b>ID 2/3</b>



<b>Segment:</b>	<b>PRV</b>	<b>Rendering Provider Specialty Information</b>
<b>Position:</b>	255	
<b>Loop:</b>	2310B	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional (Must Use)	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify the identifying characteristics of a provider	
<b>Syntax Notes:</b>		
<b>Semantic Notes:</b>		
<b>Comments:</b>		
<b>Notes:</b>	The PRV segment in Loop ID-2310 applies to the entire claim unless overridden on the service line level by the presence of a PRV segment with the same value in PRV01.	

PRV02 qualifies PRV03.

Data Element Summary				
	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>PRV01</b>	<b>1221</b>	<b>Provider Code</b>	<b>M ID 1/3</b>
			Code identifying the type of provider INDUSTRY: Provider Code PE Performing	
<b>Required</b>	<b>PRV02</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: <a href="http://www.wpc-edi.com">http://www.wpc-edi.com</a> . This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.	
			INDUSTRY: Reference Identification Qualifier ZZ Mutually Defined Health Care Provider Taxonomy Code list	
<b>Required</b>	<b>PRV03</b>	<b>127</b>	<b>Reference Identification</b>	<b>M AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier ALIAS: Provider Specialty Code NSF Reference: FA0-37.0	
<b>Not Used</b>	<b>PRV04</b>	<b>156</b>	<b>State or Province Code</b>	<b>O ID 2/2</b>
			INDUSTRY: Provider Taxonomy Code Code (Standard State/Province) as defined by appropriate government agency	
<b>Not Used</b>	<b>PRV05</b>	<b>C035</b>	<b>Provider Specialty Information</b>	<b>O</b>
			To provide provider specialty information	
<b>Not Used</b>	<b>C03501</b>	<b>1222</b>	<b>Provider Specialty Code</b>	<b>M AN 1/3</b>
			Code indicating the primary specialty of the provider, as defined by the receiver	
<b>Not Used</b>	<b>C03502</b>	<b>559</b>	<b>Agency Qualifier Code</b>	<b>O ID 2/2</b>
			Code identifying the agency assigning the code values	
<b>Not Used</b>	<b>C03503</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>O ID 1/1</b>
			Code indicating a Yes or No condition or response	
<b>Not Used</b>	<b>PRV06</b>	<b>1223</b>	<b>Provider Organization Code</b>	<b>O ID 3/3</b>
			Code identifying the organizational structure of a provider	

**Segment:** **N2 Additional Rendering Provider Name Information**

**Position:** 260

**Loop:** 2310B Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b><u>Name</u></b>	<b><u>Attributes</u></b>
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b> Free-form name ALIAS: Rendering Provider Additional Name Information	<b>M AN 1/60</b>
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b> INDUSTRY: Rendering Provider Name Additional Text Free-form name	<b>O AN 1/60</b>

<b>Segment:</b>	<b>REF</b>	<b>Rendering Provider Secondary Identification</b>
<b>Position:</b>	271	
<b>Loop:</b>	2310B	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	5	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.	

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			NSF Reference: FA0-57.0	
			INDUSTRY: Reference Identification Qualifier	
			0B State License Number	
			1B Blue Shield Provider Number	
			1C Medicare Provider Number	
			1D Medicaid Provider Number	
			1G Provider UPIN Number	
			1H CHAMPUS Identification Number	
			EI Employer's Identification Number	
			G2 Provider Commercial Number	
			A unique number assigned to a provider by a commercial insurer	
			LU Location Number	
			N5 Provider Plan Network Identification Number	
			A number assigned to identify a specific provider in a health care plan network	
			SY Social Security Number	
			The social security number may not be used for Medicare.	
			X5 State Industrial Accident Provider Number	
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			ALIAS: Rendering Provider Secondary Identifier	
			NSF Reference: FA0-58.0	
			INDUSTRY: Rendering Provider Secondary Identifier	
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b>	<b>O</b>
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>

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			Code qualifying the Reference Identification		
Not Used	C04002	127	<b>Reference Identification</b>	M	AN 1/30
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
Not Used	C04003	128	<b>Reference Identification Qualifier</b>	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	<b>Reference Identification</b>	X	AN 1/30
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
Not Used	C04005	128	<b>Reference Identification Qualifier</b>	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	<b>Reference Identification</b>	X	AN 1/30
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

<b>Segment:</b>	<b>NM1</b>	<b>Purchased Service Provider Name</b>
<b>Position:</b>	250	
<b>Loop:</b>	2310C	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To supply the full name of an individual or organizational entity	
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.	
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.	
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.	
<b>Notes:</b>	Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.	

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required if purchased services are being billed/reported on this claim. Purchased services are situations where (for example) a physician purchases a diagnostic exam from an outside entity. Purchased services do not include substitute (locum tenens) provider situations. All payer-specific identifying numbers belong to the destination payer identified in the 2010BB loop.

Data Element Summary				
	Ref. Des.	Data Element	Name	Attributes
Required	NM101	98	Entity Identifier Code	M ID 2/3
			Code identifying an organizational entity, a physical location, property or an individual	
			INDUSTRY: Entity Identifier Code	
			QB Purchase Service Provider	
			Entity from which medical supplies may be bought	
Required	NM102	1065	Entity Type Qualifier	M ID 1/1
			Code qualifying the type of entity	
			INDUSTRY: Entity Type Qualifier	
			1 Person	
			2 Non-Person Entity	
Not Used	NM103	1035	Name Last or Organization Name	O AN 1/35
			Individual last name or organizational name	
Not Used	NM104	1036	Name First	O AN 1/25
			Individual first name	
Not Used	NM105	1037	Name Middle	O AN 1/25
			Individual middle name or initial	
Not Used	NM106	1038	Name Prefix	O AN 1/10
			Prefix to individual name	
Not Used	NM107	1039	Name Suffix	O AN 1/10
			Suffix to individual name	
Situatio	NM108	66	Identification Code Qualifier	X ID 1/2
			Code designating the system/method of code structure used for Identification Code (67)	
			Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.	
			INDUSTRY: Identification Code Qualifier	

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24 Employer's Identification Number  
34 Social Security Number  
XX Health Care Financing Administration National Provider Identifier

**Situatio NM109 67 Identification Code X AN 2/80**

Code identifying a party or other code

Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.

ALIAS: Purchased Service Provider Primary Identifier

NSF Reference: FB0-11.0

**Not Used NM110 706 INDUSTRY: Purchased Service Provider Identifier  
Entity Relationship Code X ID 2/2**

Code describing entity relationship

**Not Used NM111 98 Entity Identifier Code O ID 2/3**

Code identifying an organizational entity, a physical location, property or an individual

<b>Segment:</b>	<b>REF</b>	<b>Purchased Service Provider Secondary Identification</b>
<b>Position:</b>	271	
<b>Loop:</b>	2310C	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	5	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM108/9 in this loop.	

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			INDUSTRY: Reference Identification Qualifier	
			0B	State License Number
			1A	Blue Cross Provider Number
			1B	Blue Shield Provider Number
			1C	Medicare Provider Number
			1D	Medicaid Provider Number
			1G	Provider UPIN Number
			1H	CHAMPUS Identification Number
			EI	Employer's Identification Number
			G2	Provider Commercial Number
				A unique number assigned to a provider by a commercial insurer
			LU	Location Number
			N5	Provider Plan Network Identification Number
				A number assigned to identify a specific provider in a health care plan network
			SY	Social Security Number
				The social security number may not be used for Medicare.
			U3	Unique Supplier Identification Number (USIN)
			X5	State Industrial Accident Provider Number
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			ALIAS: Purchased Service Provider Secondary Identifier	
			NSF Reference: FB0-11.0	
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b>	<b>O</b>
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>

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			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b>	<b>M</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		



<b>Segment:</b>	<b>NM1</b> Service Facility Location
<b>Position:</b>	250
<b>Loop:</b>	2310D Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

This loop is required when the location of health care service is different than that carried in the 2010AA (Billing Provider) or 2010AB (Pay-to Provider) loops.

Required if the service was rendered in a Health Professional Shortage Area (QB or QU modifier billed) and the place of service is different than the HPSA billing address.

The purpose of this loop is to identify specifically where the service was rendered. In cases where it was rendered at the patient's home, do not use this loop. In that case, the place of service code in CLM05-1 should indicate that the service occurred in the patient's home.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element Name</b>	
<b>Required</b>	<b>NM101</b>	<b>98 Entity Identifier Code</b>	<b>M ID 2/3</b>
		Code identifying an organizational entity, a physical location, property or an individual	
		INDUSTRY: Entity Identifier Code	
		77 Service Location	
		Use when other codes in this element do not apply.	
		FA Facility	
		LI Independent Lab	
		Outside laboratory which provides test results for entity providing medical services	
		TL Testing Laboratory	
<b>Required</b>	<b>NM102</b>	<b>1065 Entity Type Qualifier</b>	<b>M ID 1/1</b>
		Code qualifying the type of entity	
		INDUSTRY: Entity Type Qualifier	
		2 Non-Person Entity	
<b>Situatio</b>	<b>NM103</b>	<b>1035 Name Last or Organization Name</b>	<b>O AN 1/35</b>
		Individual last name or organizational name	
		Required except when service was rendered in the patient's home.	
		ALIAS: Laboratory/Facility Name	
		NSF Reference: EA0-39.0	
		INDUSTRY: Laboratory or Facility Name	
<b>Not Used</b>	<b>NM104</b>	<b>1036 Name First</b>	<b>O AN 1/25</b>
P837V401 (004010X098)			August 8, 2001

DRAFT

			Individual first name	
Not Used	NM105	1037	<b>Name Middle</b>	O AN 1/25
			Individual middle name or initial	
Not Used	NM106	1038	<b>Name Prefix</b>	O AN 1/10
			Prefix to individual name	
Not Used	NM107	1039	<b>Name Suffix</b>	O AN 1/10
			Suffix to individual name	
Situatio	NM108	66	<b>Identification Code Qualifier</b>	X ID 1/2
			Code designating the system/method of code structure used for Identification Code (67)	
			Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.	
			INDUSTRY: Identification Code Qualifier	
			24 Employer's Identification Number	
			34 Social Security Number	
			XX Health Care Financing Administration National Provider Identifier	
Situatio	NM109	67	<b>Identification Code</b>	X AN 2/80
			Code identifying a party or other code	
			Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.	
			ALIAS: Laboratory/Facility Primary Identifier	
			NSF Reference: EA1-04.0, EA0-53.0	
Not Used	NM110	706	INDUSTRY: Laboratory or Facility Primary Identifier <b>Entity Relationship Code</b>	X ID 2/2
			Code describing entity relationship	
Not Used	NM111	98	<b>Entity Identifier Code</b>	O ID 2/3
			Code identifying an organizational entity, a physical location, property or an individual	

**Segment:** **N2** Additional Service Facility Location Name Information

**Position:** 260

**Loop:** 2310D Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b> Free-form name ALIAS: Laboratory/Facility Additional Name Information	<b>M AN 1/60</b>
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b> INDUSTRY: Laboratory or Facility Name Additional Text Free-form name	<b>O AN 1/60</b>

**Segment:** **N3** Service Facility Location Address

**Position:** 265

**Loop:** 2310D Optional

**Level:** Detail

**Usage:** Optional (Must Use)

**Max Use:** 1

**Purpose:** To specify the location of the named party

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** If service facility location is in an area where there are no street addresses, enter a description of where the service was rendered (e.g., "crossroad of State Road 34 and 45" or "Exit near Mile marker 265 on Interstate 80".)

Data Element Summary				
	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>N301</b>	<b>166</b>	<b>Address Information</b>	<b>M AN 1/55</b>
			Address information	
			ALIAS: Laboratory/Facility Address 1	
			NSF Reference: EA1-06.0	
<b>Situatio</b>	<b>N302</b>	<b>166</b>	<b>Address Information</b>	<b>O AN 1/55</b>
			Address information	
			Required if a second address line exists.	
			ALIAS: Laboratory/Facility Address 2	
			NSF Reference: EA1-07.0	
			INDUSTRY: Laboratory or Facility Address Line	

<b>Segment:</b>	<b>N4 Service Facility Location City/State/ZIP</b>
<b>Position:</b>	270
<b>Loop:</b>	2310D Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify the geographic place of the named party
<b>Syntax Notes:</b>	1 If N406 is present, then N405 is required.
<b>Semantic Notes:</b>	
<b>Comments:</b>	1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location. 2 N402 is required only if city name (N401) is in the U.S. or Canada.
<b>Notes:</b>	If service facility location is in an area where there are no street addresses, enter the name of the nearest town, state and zip of where the service was rendered.

Data Element Summary				
	Ref. Des.	Data Element	Name	Attributes
Required	N401	19	City Name Free-form text for city name ALIAS: Laboratory/Facility City  NSF Reference: EA1-08.0	O AN 2/30
Required	N402	156	INDUSTRY: Laboratory or Facility City Name State or Province Code Code (Standard State/Province) as defined by appropriate government agency ALIAS: Laboratory/Facility State  NSF Reference: EA1-09.0	O ID 2/2
Required	N403	116	INDUSTRY: Laboratory or Facility State or Province Code Postal Code Code defining international postal zone code excluding punctuation and blanks (zip code for United States) ALIAS: Laboratory/Facility Zip Code  NSF Reference: EA1-10.0	O ID 3/15
Situatio	N404	26	INDUSTRY: Laboratory or Facility Postal Zone or ZIP Code Country Code Code identifying the country Required if the address is out of the U.S.  ALIAS: Laboratory/Facility Country Code	O ID 2/3
Not Used	N405	309	INDUSTRY: Country Code Location Qualifier Code identifying type of location	X ID 1/2
Not Used	N406	310	Location Identifier Code which identifies a specific location	O AN 1/30

<b>Segment:</b>	<b>REF</b>	<b>Service Facility Location Secondary Identification</b>
<b>Position:</b>	271	
<b>Loop:</b>	2310D	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	5	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.	

Data Element Summary				
	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			INDUSTRY: Reference Identification Qualifier	
			0B State License Number	
			1A Blue Cross Provider Number	
			1B Blue Shield Provider Number	
			1C Medicare Provider Number	
			1D Medicaid Provider Number	
			1G Provider UPIN Number	
			1H CHAMPUS Identification Number	
			G2 Provider Commercial Number	
			A unique number assigned to a provider by a commercial insurer	
			LU Location Number	
			N5 Provider Plan Network Identification Number	
			A number assigned to identify a specific provider in a health care plan network	
			TJ Federal Taxpayer's Identification Number	
			X4 Clinical Laboratory Improvement Amendment Number	
			X5 State Industrial Accident Provider Number	
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			ALIAS: Laboratory/Facility Secondary Identification Number	
			NSF Reference: EA1-04.0, EA0-53.0	
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X AN 1/80</b>
			INDUSTRY: Laboratory or Facility Secondary Identifier	
			A free-form description to clarify the related data elements and their content	
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b>	<b>O</b>
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b>	<b>M AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as	

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<b>Not Used</b>	<b>C04003</b>	<b>128</b>	specified by the Reference Identification Qualifier <b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

<b>Segment:</b>	<b>NM1</b> Supervising Provider Name
<b>Position:</b>	250
<b>Loop:</b>	2310E Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.

Required when the rendering provider is supervised by a physician.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Data Element Summary				
	Ref. Des.	Data Element	Name	Attributes
Required	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code DQ Supervising Physician	M ID 2/3
Required	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person	M ID 1/1
Required	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name ALIAS: Supervising Provider Last Name  NSF Reference: EA1-18.0	O AN 1/35
Required	NM104	1036	INDUSTRY: Supervising Provider Last Name <b>Name First</b> Individual first name ALIAS: Supervising Provider First Name  NSF Reference: EA1-19.0	O AN 1/25
Situatio	NM105	1037	INDUSTRY: Supervising Provider First Name <b>Name Middle</b> Individual middle name or initial Required if NM102=1 and the middle name/initial of the person is known.  ALIAS: Supervising Provider Middle Name  NSF Reference: EA1-20.0	O AN 1/25
Not Used	NM106	1038	INDUSTRY: Supervising Provider Middle Name <b>Name Prefix</b>	O AN 1/10



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			Prefix to individual name	
<b>Situatio</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name Required if known.  ALIAS: Supervising Provider Generation	<b>O AN 1/10</b>
<b>Situatio</b>	<b>NM108</b>	<b>66</b>	INDUSTRY: Supervising Provider Name Suffix <b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.  INDUSTRY: Identification Code Qualifier 24 Employer's Identification Number 34 Social Security Number The social security number may not be used for Medicare. XX Health Care Financing Administration National Provider Identifier	<b>X ID 1/2</b>
<b>Situatio</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.  ALIAS: Supervising Provider Primary Identifier  NSF Reference: EA1-16.0	<b>X AN 2/80</b>
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	INDUSTRY: Supervising Provider Identifier <b>Entity Relationship Code</b> Code describing entity relationship	<b>X ID 2/2</b>
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	<b>O ID 2/3</b>

**Segment:** **N2** Additional Supervising Provider Name Information

**Position:** 260

**Loop:** 2310E Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b> Free-form name ALIAS: Supervising Provider Additional Name Information	<b>M AN 1/60</b>
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b> INDUSTRY: Supervising Provider Name Additional Text Free-form name	<b>O AN 1/60</b>

<b>Segment:</b>	<b>REF</b>	<b>Supervising Provider Secondary Identification</b>
<b>Position:</b>	271	
<b>Loop:</b>	2310E	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	5	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM108/9 in this loop.	

Data Element Summary				
	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			INDUSTRY: Reference Identification Qualifier	
			0B State License Number	
			1B Blue Shield Provider Number	
			1C Medicare Provider Number	
			1D Medicaid Provider Number	
			1G Provider UPIN Number	
			1H CHAMPUS Identification Number	
			EI Employer's Identification Number	
			G2 Provider Commercial Number	
			A unique number assigned to a provider by a commercial insurer	
			LU Location Number	
			N5 Provider Plan Network Identification Number	
			A number assigned to identify a specific provider in a health care plan network	
			SY Social Security Number	
			The social security number may not be used for Medicare.	
			X5 State Industrial Accident Provider Number	
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			ALIAS: Supervising Provider Secondary Identifier	
			NSF Reference: EA1-16.0	
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b>	<b>O</b>
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b>	<b>M AN 1/30</b>

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			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

**Segment:****SBR Other Subscriber Information****Position:**

290

**Loop:**

2320 Optional

**Level:**

Detail

**Usage:**

Optional

**Max Use:**

1

**Purpose:**

To record information specific to the primary insured and the insurance carrier for that insured

**Syntax Notes:****Semantic Notes:**

- 1 SBR02 specifies the relationship to the person insured.
- 2 SBR03 is policy or group number.
- 3 SBR04 is plan name.
- 4 SBR07 is destination payer code. A "Y" value indicates the payer is the destination payer; an "N" value indicates the payer is not the destination payer.

**Comments:****Notes:**

Required if other payers are known to potentially be involved in paying on this claim.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

All information contained in the 2320 Loop applies only to the payer who is identified in the 2330B Loop of this iteration of the 2320 Loop. It is specific only to that payer. If information on additional payers is needed to be carried, run the 2320 Loop again with it's respective 2330 Loops.

See Section 1.4.4 for more information on handling COB.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

**Data Element Summary**

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>SBR01</b>	<b>1138</b>	<b>Payer Responsibility Sequence Number Code</b>	<b>M ID 1/1</b>
			Code identifying the insurance carrier's level of responsibility for a payment of a claim	
			ALIAS: Payer responsibility sequence number code	
			NSF Reference: DA0-02.0, DA1-02.0, DA2-02.0	
			INDUSTRY: Payer Responsibility Sequence Number Code	
			P Primary	
			S Secondary	
			T Tertiary	
<b>Required</b>	<b>SBR02</b>	<b>1069</b>	<b>Individual Relationship Code</b>	<b>O ID 2/2</b>
			Code indicating the relationship between two individuals or entities	
			ALIAS: Individual relationship code	
			NSF Reference: DA0-17.0	
			INDUSTRY: Individual Relationship Code	
			01 Spouse	
			04 Grandfather or Grandmother	
			05 Grandson or Granddaughter	
			07 Nephew or Niece	
			10 Foster Child	
			15 Ward	

17	Stepson or Stepdaughter
18	Self
19	Child
	Dependent between the ages of 0 and 19; age qualifications may vary depending on policy
20	Employee
21	Unknown
22	Handicapped Dependent
23	Sponsored Dependent
	Dependents between the ages of 19 and 25 not attending school; age qualifications may vary depending on policy
24	Dependent of a Minor Dependent
	A child not legally of age who has been granted adult status
29	Significant Other
32	Mother
33	Father
36	Emancipated Minor
	A person who has been judged by a court of competent jurisdiction to be allowed to act in his or her own interest; no adult is legally responsible for this minor; this may be declared as a result of marriage
39	Organ Donor
	Individual receiving medical service in order to donate organs for a transplant
40	Cadaver Donor
	Deceased individual donating body to be used for research or transplants
41	Injured Plaintiff
43	Child Where Insured Has No Financial Responsibility
	Child is covered by the insured but the insured is not the legal guardian
53	Life Partner
G8	Other Relationship

**Situatio SBR03 127 Reference Identification O AN 1/30**  
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier  
Required if the subscriber's payer identification includes Group or Plan Number. This data element is intended to carry the subscriber's Group Number, not the number that uniquely identifies the subscriber (Subscriber ID, Loop 2010BA-NM109).

ALIAS: Group or Policy Number

NSF Reference: DA0-10.0

**Situatio SBR04 93 INDUSTRY: Insured Group or Policy Number Name O AN 1/60**  
Free-form name  
Required if the subscriber's payer identification includes a Group or Plan Name.

ALIAS: Group or Plan Name

NSF Reference: DA0-11.0

<b>Required</b>	<b>SBR05</b>	<b>1336</b>	INDUSTRY: Other Insured Group Name	<b>O ID 1/3</b>
			<b>Insurance Type Code</b> Code identifying the type of insurance policy within a specific insurance program ALIAS: Insurance type code  NSF Reference: DA0-06.0	
			INDUSTRY: Insurance Type Code	
			AP Auto Insurance Policy C1 Commercial CP Medicare Conditionally Primary GP Group Policy  Two or more people who are part of complete unit who enter into an insurance contract with an insurance company HM Health Maintenance Organization (HMO) IP Individual Policy LD Long Term Policy LT Litigation MB Medicare Part B MC Medicaid  Program of health care services made available to medically indigent and other needy persons, regardless of age, under terms of a 1965 amendment to the U.S. Social Security Act MI Medigap Part B  Health insurance policy intended to cover the non-covered portion of expenses eligible for Medicare Part B reimbursement which must be paid by a Medicare beneficiary for health care services and/or supplies received MP Medicare Primary  Medicare has the primary responsibility to pay for health care services and/or supplies received by a covered beneficiary (a person entitled to Medicare benefits) OT Other PP Personal Payment (Cash - No Insurance) SP Supplemental Policy  An insurance policy intended to cover non-covered charges of another insurance policy	
<b>Not Used</b>	<b>SBR06</b>	<b>1143</b>	<b>Coordination of Benefits Code</b> Code identifying whether there is a coordination of benefits	<b>O ID 1/1</b>
<b>Not Used</b>	<b>SBR07</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response	<b>O ID 1/1</b>
<b>Not Used</b>	<b>SBR08</b>	<b>584</b>	<b>Employment Status Code</b> Code showing the general employment status of an employee/claimant	<b>O ID 2/2</b>
<b>Situatio</b>	<b>SBR09</b>	<b>1032</b>	<b>Claim Filing Indicator Code</b> Code identifying type of claim Required prior to mandated used of PlanID. Not used after PlanID is mandated.  ALIAS: Claim filing indicator code  NSF Reference: DA0-05.0	<b>O ID 1/2</b>

## INDUSTRY: Claim Filing Indicator Code

09	Self-pay
10	Central Certification CA0-23.0 (K), DA0-05.0 (K)
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk
AM	Automobile Medical
BL	Blue Cross/Blue Shield
CH	Champus
CI	Commercial Insurance Co.
DS	Disability
HM	Health Maintenance Organization
LI	Liability
LM	Liability Medical
MB	Medicare Part B
MC	Medicaid
OF	Other Federal Program
TV	Title V
VA	Veteran Administration Plan Refers to Veterans Affairs Plan.
WC	Workers' Compensation Health Claim
ZZ	Mutually Defined Unknown



**Segment: CAS Claim Level Adjustments****Position:** 295**Loop:** 2320 Optional**Level:** Detail**Usage:** Optional**Max Use:** 5**Purpose:** To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

- Syntax Notes:**
- 1 If CAS05 is present, then at least one of CAS06 or CAS07 is required.
  - 2 If CAS06 is present, then CAS05 is required.
  - 3 If CAS07 is present, then CAS05 is required.
  - 4 If CAS08 is present, then at least one of CAS09 or CAS10 is required.
  - 5 If CAS09 is present, then CAS08 is required.
  - 6 If CAS10 is present, then CAS08 is required.
  - 7 If CAS11 is present, then at least one of CAS12 or CAS13 is required.
  - 8 If CAS12 is present, then CAS11 is required.
  - 9 If CAS13 is present, then CAS11 is required.
  - 10 If CAS14 is present, then at least one of CAS15 or CAS16 is required.
  - 11 If CAS15 is present, then CAS14 is required.
  - 12 If CAS16 is present, then CAS14 is required.
  - 13 If CAS17 is present, then at least one of CAS18 or CAS19 is required.
  - 14 If CAS18 is present, then CAS17 is required.
  - 15 If CAS19 is present, then CAS17 is required.

- Semantic Notes:**
- 1 CAS03 is the amount of adjustment.
  - 2 CAS04 is the units of service being adjusted.
  - 3 CAS06 is the amount of the adjustment.
  - 4 CAS07 is the units of service being adjusted.
  - 5 CAS09 is the amount of the adjustment.
  - 6 CAS10 is the units of service being adjusted.
  - 7 CAS12 is the amount of the adjustment.
  - 8 CAS13 is the units of service being adjusted.
  - 9 CAS15 is the amount of the adjustment.
  - 10 CAS16 is the units of service being adjusted.
  - 11 CAS18 is the amount of the adjustment.
  - 12 CAS19 is the units of service being adjusted.

- Comments:**
- 1 Adjustment information is intended to help the provider balance the remittance information. Adjustment amounts should fully explain the difference between submitted charges and the amount paid.

- Notes:**
- 2 When the submitted charges are paid in full, the value for CAS03 should be zero. Submitters should use this CAS segment to report prior payers' claim level adjustments that cause the amount paid to differ from the amount originally charged.

Only one Group Code is allowed per CAS. If it is necessary to send more than one Group Code at the claim level, repeat the CAS segment again.

Codes and associated amounts should come from 835s (Remittance Advice) received on the claim. If no previous payments have been made, omit this segment.

Required if claim has been adjudicated by payer identified in this loop and has claim level adjustment information.

To locate the claim adjustment group codes (CAS01) and claim adjustment reason codes (CAS02, 05, 08, 11, 14, and 17) see the Washington Publishing Company web site: <http://www.wpc-edi.com>. Follow the buttons to Code Lists - Claim Adjustment Reason Codes.

There several NSF fields which are not directly crosswalked from the 837 to NSF, particularly with respect to payer-to-payer COB situations. Below is a list of some of these NSF fields and some suggestions regarding how to handle them in the 837.

Provider Adjustment Amt (DA3-25.0). This would equal the sum of all the adjustment amounts in CAS03, 06, 09, 12, 15, and 18 at both the claim and the line level. See the 835 for how to balance the CAS adjustments against the total billed amount.

Beneficiary liability amount (FA0-53.0) This amount would equal the sum of all the adjustment amounts in CAS03, 06, 09, 12, 15, and 18 at both the claim and the line level when CAS01 = PR (patient responsibility).

Amount paid to Provider (DA1-33.0). This would be calculated through the use of the CAS codes. Please see the detail on the codes and the discussion of how to use them in the 835 implementation guide.

Balance bill limit charge (FA0-54.0). This would equal any CAS adjustment where CAS01=CO and one of the adjustment reason code elements equaled "45".

Beneficiary Adjustment Amt (DA3-26.0) Amount paid to beneficiary (DA1-30.0)). The amount paid to the beneficiary is indicated by the use of CAS code "100 - Payment made to patient/insured/responsible party."

Original Paid Amount (DA3-28.0): The original paid amount can be calculated from the original COB claim by subtracting all claim adjustments carried in the claim and line level CAS from the original billed amount.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	CAS01	1033	<b>Claim Adjustment Group Code</b> Code identifying the general category of payment adjustment ALIAS: Claim Adjustment Group Code  INDUSTRY: Claim Adjustment Group Code CO Contractual Obligations CR Correction and Reversals OA Other adjustments PI Payor Initiated Reductions PR Patient Responsibility	<b>M ID 1/2</b>
Required	CAS02	1034	<b>Claim Adjustment Reason Code</b> Code identifying the detailed reason the adjustment was made ALIAS: Adjustment Reason Code - Claim Level  NSF Reference: DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-14.0, DA3-16.0, DA1-16.0, DA1-30.0	<b>M ID 1/5</b>
Required	CAS03	782	INDUSTRY: Adjustment Reason Code <b>Monetary Amount</b> Monetary amount ALIAS: Adjusted Amount - Claim Level  NSF Reference: DA1-09.0, DA1-10.0, DA1-11.0, DA1-12.0, DA1-13.0, DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-15.0, DA3-17.0, DA1-30.0, DA1-33.0, DA3-25.0, DA3-26.0	<b>M R 1/18</b>
Situatio	CAS04	380	INDUSTRY: Adjustment Amount <b>Quantity</b> Numeric value of quantity Use as needed to show payer adjustment.  ALIAS: Adjusted Units - Claim Level	<b>O R 1/15</b>
Situatio	CAS05	1034	INDUSTRY: Adjustment Quantity <b>Claim Adjustment Reason Code</b> Code identifying the detailed reason the adjustment was made	<b>X ID 1/5</b>

Use as needed to show payer adjustment.

ALIAS: Adjustment Reason Code - Claim Level

NSF Reference: DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-14.0, DA3-16.0, DA1-17.0, DA1-30.0

<b>Situatio</b>	<b>CAS06</b>	<b>782</b>	INDUSTRY: Adjustment Reason Code <b>Monetary Amount</b>	<b>X</b>	<b>R 1/18</b>
			Monetary amount		
			Use as needed to show payer adjustment.		

ALIAS: Adjusted Amount - Claim Level

NSF Reference: DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-15.0, DA3-17.0, DA1-30.0, DA1-33.0, DA3-25.0, DA3-26.0

<b>Situatio</b>	<b>CAS07</b>	<b>380</b>	INDUSTRY: Adjustment Amount <b>Quantity</b>	<b>X</b>	<b>R 1/15</b>
			Numeric value of quantity		
			Use as needed to show payer adjustment.		

ALIAS: Adjusted Units - Claim Level

<b>Situatio</b>	<b>CAS08</b>	<b>1034</b>	INDUSTRY: Adjustment Quantity <b>Claim Adjustment Reason Code</b>	<b>X</b>	<b>ID 1/5</b>
			Code identifying the detailed reason the adjustment was made		
			Use as needed to show payer adjustment.		

ALIAS: Adjustment Reason Code - Claim Level

NSF Reference: DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-14.0, DA3-16.0, DA1-30.0, DA1-18.0

<b>Situatio</b>	<b>CAS09</b>	<b>782</b>	INDUSTRY: Adjustment Reason Code <b>Monetary Amount</b>	<b>X</b>	<b>R 1/18</b>
			Monetary amount		
			Use as needed to show payer adjustment.		

ALIAS: Adjusted Amount - Claim Level

NSF Reference: DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-15.0, DA3-17.0, DA1-30.0, DA1-33.0, DA3-25.0, DA3-26.0

<b>Situatio</b>	<b>CAS10</b>	<b>380</b>	INDUSTRY: Adjustment Amount <b>Quantity</b>	<b>X</b>	<b>R 1/15</b>
			Numeric value of quantity		
			Use as needed to show payer adjustment.		

ALIAS: Adjusted Units - Claim Level

<b>Situatio</b>	<b>CAS11</b>	<b>1034</b>	INDUSTRY: Adjustment Quantity <b>Claim Adjustment Reason Code</b>	<b>X</b>	<b>ID 1/5</b>
			Code identifying the detailed reason the adjustment was made		
			Use as needed to show payer adjustment.		

ALIAS: Adjustment Reason Code - Claim Level

NSF Reference: DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-14.0, DA3-16.0, DA1-30.0

**Situatio**      **CAS12**      **782**      **INDUSTRY: Adjustment Reason Code**  
**Monetary Amount**      **X**      **R 1/18**  
Monetary amount  
Use as needed to show payer adjustment.

ALIAS: Adjusted Amount - Claim Level

NSF Reference: DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-15.0, DA3-17.0, DA1-30.0, DA1-33.0, DA3-25.0, DA3-26.0

**Situatio**      **CAS13**      **380**      **INDUSTRY: Adjustment Amount**  
**Quantity**      **X**      **R 1/15**  
Numeric value of quantity  
Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Claim Level

**Situatio**      **CAS14**      **1034**      **INDUSTRY: Adjustment Quantity**  
**Claim Adjustment Reason Code**      **X**      **ID 1/5**  
Code identifying the detailed reason the adjustment was made  
Use as needed to show payer adjustment.

ALIAS: Adjustment Reason Code - Claim Level

NSF Reference: DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-14.0, DA3-16.0, DA1-30.0

**Situatio**      **CAS15**      **782**      **INDUSTRY: Adjustment Reason Code**  
**Monetary Amount**      **X**      **R 1/18**  
Monetary amount  
Use as needed to show payer adjustment.

ALIAS: Adjusted Amount - Claim Level

NSF Reference: DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-15.0, DA3-17.0, DA1-30.0, DA1-33.0, DA3-25.0, DA3-26.0

**Situatio**      **CAS16**      **380**      **INDUSTRY: Adjustment Amount**  
**Quantity**      **X**      **R 1/15**  
Numeric value of quantity  
Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Claim Level

**Situatio**      **CAS17**      **1034**      **INDUSTRY: Adjustment Quantity**  
**Claim Adjustment Reason Code**      **X**      **ID 1/5**  
Code identifying the detailed reason the adjustment was made  
Use as needed to show payer adjustment.

ALIAS: Adjustment Reason Code - Claim Level

NSF Reference: DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-14.0, DA3-16.0, DA1-30.0

INDUSTRY: Adjustment Reason Code

DRAFT  
Situatio

CAS18

782

**Monetary Amount**

**X R 1/18**

Monetary amount

Use as needed to show payer adjustment.

ALIAS: Adjusted Amount - Claim Level

NSF Reference: DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-15.0, DA3-17.0, DA1-30.0, DA1-33.0, DA3-25.0, DA3-26.0

Situatio

CAS19

380

INDUSTRY: Adjustment Amount

**Quantity**

**X R 1/15**

Numeric value of quantity

Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Claim Level

INDUSTRY: Adjustment Quantity

**Segment:** **AMT** Coordination of Benefits (COB) Payer Paid Amount  
**Position:** 300  
**Loop:** 2320 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To indicate the total monetary amount  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:** Required if claim has been adjudicated by payer identified in this loop. It is acceptable to show "0" amount paid.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	AMT01	522	Amount Qualifier Code Code to qualify amount INDUSTRY: Amount Qualifier Code D Payor Amount Paid	M ID 1/3
Required	AMT02	782	Monetary Amount Monetary amount This is a crosswalk from CLP04 in 835 when doing COB.	M R 1/18
Not Used	AMT03	478	INDUSTRY: Payer Paid Amount Credit/Debit Flag Code Code indicating whether amount is a credit or debit	O ID 1/1

**Segment:** **AMT** Coordination of Benefits (COB) Approved Amount

**Position:** 300

**Loop:** 2320 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To indicate the total monetary amount

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Used primarily in payer-to-payer COB situations by the payer who is sending this claim to another payer. Providers (in a provider-to-payer COB situation) do not usually complete this information but may do so if the information is available.

The approved amount equals the amount for the total claim that was approved by the payer sending this 837 to another payer.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>AMT01</b>	<b>522</b>	<b>Amount Qualifier Code</b>	<b>M ID 1/3</b>
			Code to qualify amount	
			INDUSTRY: Amount Qualifier Code	
			AAE Approved Amount	
<b>Required</b>	<b>AMT02</b>	<b>782</b>	<b>Monetary Amount</b>	<b>M R 1/18</b>
			Monetary amount	
			NSF Reference: DA1-37.0	
			INDUSTRY: Approved Amount	
<b>Not Used</b>	<b>AMT03</b>	<b>478</b>	<b>Credit/Debit Flag Code</b>	<b>O ID 1/1</b>
			Code indicating whether amount is a credit or debit	

**Segment:** **AMT** Coordination of Benefits (COB) Allowed Amount

**Position:** 300

**Loop:** 2320 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To indicate the total monetary amount

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Used primarily in payer-to-payer COB situations by the payer who is sending this claim to another payer. Providers (in a provider-to-payer COB situation) do not usually complete this information but may do so if the information is available.

The allowed amount equals the amount for the total claim that was allowed by the payer sending this 837 to another payer.

## Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	AMT01	522	<b>Amount Qualifier Code</b> Code to qualify amount INDUSTRY: Amount Qualifier Code B6 Allowed - Actual Amount considered for payment under the provisions of the contract	<b>M ID 1/3</b>
Required	AMT02	782	<b>Monetary Amount</b> Monetary amount INDUSTRY: Allowed Amount	<b>M R 1/18</b>
Not Used	AMT03	478	<b>Credit/Debit Flag Code</b> Code indicating whether amount is a credit or debit	<b>O ID 1/1</b>



**Segment:** **AMT** **Coordination of Benefits (COB) Patient Responsibility Amount**

**Position:** 300

**Loop:** 2320 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To indicate the total monetary amount

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if patient is responsible for payment according to another payer's adjudication. This is the amount of money which is the responsibility of the patient according to the payer identified in this loop (2330B NM1).

Data Element Summary				
	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>AMT01</b>	<b>522</b>	<b>Amount Qualifier Code</b>	<b>M ID 1/3</b>
			Code to qualify amount	
			INDUSTRY: Amount Qualifier Code	
			F2 Patient Responsibility - Actual	
			Calculated value one receiving medical care is obliged to pay	
<b>Required</b>	<b>AMT02</b>	<b>782</b>	<b>Monetary Amount</b>	<b>M R 1/18</b>
			Monetary amount	
			This is a crosswalk from CLP05 in 835 when doing COB.	
			INDUSTRY: Other Payer Patient Responsibility Amount	
<b>Not Used</b>	<b>AMT03</b>	<b>478</b>	<b>Credit/Debit Flag Code</b>	<b>O ID 1/1</b>
			Code indicating whether amount is a credit or debit	

**Segment:** **AMT** Coordination of Benefits (COB) Covered Amount

**Position:** 300

**Loop:** 2320 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To indicate the total monetary amount

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Used primarily in payer-to-payer COB situations by the payer who is sending this claim to another payer. Providers (in a provider-to-payer COB situation) do not usually complete this information but may do so if the information is available.

The covered amount equals the amount for the total claim that was covered by the payer sending this 837 to another payer.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	AMT01	522	<b>Amount Qualifier Code</b> Code to qualify amount INDUSTRY: Amount Qualifier Code AU Coverage Amount The dollar amount of property coverage provided by a specific policy contract	<b>M ID 1/3</b>
Required	AMT02	782	<b>Monetary Amount</b> Monetary amount This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = AU.	<b>M R 1/18</b>
Not Used	AMT03	478	INDUSTRY: Other Payer Covered Amount <b>Credit/Debit Flag Code</b> Code indicating whether amount is a credit or debit	<b>O ID 1/1</b>

**Segment:** **AMT** Coordination of Benefits (COB) Discount Amount

**Position:** 300

**Loop:** 2320 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To indicate the total monetary amount

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if claim has been adjudicated by the payer identified in this loop and if this information was included in the remittance advice reporting those adjudication results.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>AMT01</b>	<b>522</b>	<b>Amount Qualifier Code</b> Code to qualify amount INDUSTRY: Amount Qualifier Code D8 Discount Amount A reduction from the usual price	<b>M ID 1/3</b>
<b>Required</b>	<b>AMT02</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = D8.	<b>M R 1/18</b>
<b>Not Used</b>	<b>AMT03</b>	<b>478</b>	INDUSTRY: Other Payer Discount Amount <b>Credit/Debit Flag Code</b> Code indicating whether amount is a credit or debit	<b>O ID 1/1</b>

**Segment:** **AMT** Coordination of Benefits (COB) Per Day Limit Amount

**Position:** 300

**Loop:** 2320 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To indicate the total monetary amount

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if claim has been adjudicated by the payer identified in this loop and if this information was included in the remittance advice reporting those adjudication results.

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>AMT01</b>	<b>522</b>	<b>Amount Qualifier Code</b> Code to qualify amount INDUSTRY: Amount Qualifier Code DY Per Day Limit	<b>M ID 1/3</b>
<b>Required</b>	<b>AMT02</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = DY.	<b>M R 1/18</b>
<b>Not Used</b>	<b>AMT03</b>	<b>478</b>	INDUSTRY: Other Payer Per Day Limit Amount <b>Credit/Debit Flag Code</b> Code indicating whether amount is a credit or debit	<b>O ID 1/1</b>

**Segment:** **AMT** Coordination of Benefits (COB) Patient Paid Amount

**Position:** 300

**Loop:** 2320 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To indicate the total monetary amount

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if claim has been adjudicated by the payer identified in this loop and if this information was included in the remittance advice reporting those adjudication results.

The amount carried in this segment is the total amount of money paid by the payer to the patient (rather than to the provider) on this claim.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>AMT01</b>	<b>522</b>	<b>Amount Qualifier Code</b>	<b>M ID 1/3</b>
			Code to qualify amount	
			INDUSTRY: Amount Qualifier Code	
			F5 Patient Amount Paid	
			Monetary amount value already paid by one receiving medical care	
<b>Required</b>	<b>AMT02</b>	<b>782</b>	<b>Monetary Amount</b>	<b>M R 1/18</b>
			Monetary amount	
			This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = F5.	
<b>Not Used</b>	<b>AMT03</b>	<b>478</b>	<b>Credit/Debit Flag Code</b>	<b>O ID 1/1</b>
			INDUSTRY: Other Payer Patient Paid Amount	
			Code indicating whether amount is a credit or debit	

**Segment:** **AMT** Coordination of Benefits (COB) Tax Amount  
**Position:** 300  
**Loop:** 2320 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To indicate the total monetary amount  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:** Required if claim has been adjudicated by the payer identified in this loop and if this information was included in the remittance advice reporting those adjudication results.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	AMT01	522	Amount Qualifier Code Code to qualify amount INDUSTRY: Amount Qualifier Code T Tax	M ID 1/3
Required	AMT02	782	Monetary Amount Monetary amount This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = T.	M R 1/18
Not Used	AMT03	478	INDUSTRY: Other Payer Tax Amount Credit/Debit Flag Code Code indicating whether amount is a credit or debit	O ID 1/1

**Segment:** **AMT** **Coordination of Benefits (COB) Total Claim Before Taxes Amount**

**Position:** 300

**Loop:** 2320 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To indicate the total monetary amount

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if claim has been adjudicated by the payer identified in this loop and if this information was included in the remittance advice reporting those adjudication results.

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>AMT01</b>	<b>522</b>	<b>Amount Qualifier Code</b> Code to qualify amount INDUSTRY: Amount Qualifier Code T2 Total Claim Before Taxes The total monies requested for a single claim before any taxes were included	<b>M ID 1/3</b>
<b>Required</b>	<b>AMT02</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = T2.	<b>M R 1/18</b>
<b>Not Used</b>	<b>AMT03</b>	<b>478</b>	INDUSTRY: Other Payer Pre-Tax Claim Total Amount <b>Credit/Debit Flag Code</b> Code indicating whether amount is a credit or debit	<b>O ID 1/1</b>

**Segment:** **DMG** **Subscriber Demographic Information**

**Position:** 305

**Loop:** 2320 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To supply demographic information

**Syntax Notes:** 1 If either DMG01 or DMG02 is present, then the other is required.

**Semantic Notes:** 1 DMG02 is the date of birth.  
2 DMG07 is the country of citizenship.  
3 DMG09 is the age in years.

**Comments:**

**Notes:** Required when 2330A NM102 = 1 (person).

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

#### Data Element Summary

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
Required	DMG01	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format INDUSTRY: Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD	<b>X ID 2/3</b>
Required	DMG02	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times ALIAS: Date of Birth - Subscriber  NSF Reference: DA0-24.0	<b>X AN 1/35</b>
Required	DMG03	1068	INDUSTRY: Other Insured Birth Date <b>Gender Code</b> Code indicating the sex of the individual ALIAS: Gender - Subscriber  NSF Reference: DA0-23.0  INDUSTRY: Other Insured Gender Code F Female M Male U Unknown	<b>O ID 1/1</b>
Not Used	DMG04	1067	<b>Marital Status Code</b> Code defining the marital status of a person	<b>O ID 1/1</b>
Not Used	DMG05	1109	<b>Race or Ethnicity Code</b> Code indicating the racial or ethnic background of a person; it is normally self-reported; Under certain circumstances this information is collected for United States Government statistical purposes	<b>O ID 1/1</b>
Not Used	DMG06	1066	<b>Citizenship Status Code</b> Code indicating citizenship status	<b>O ID 1/2</b>
Not Used	DMG07	26	<b>Country Code</b> Code identifying the country	<b>O ID 2/3</b>
Not Used	DMG08	659	<b>Basis of Verification Code</b> Code indicating the basis of verification	<b>O ID 1/2</b>
Not Used	DMG09	380	<b>Quantity</b> Numeric value of quantity	<b>O R 1/15</b>



<b>Segment:</b>	<b>OI Other Insurance Coverage Information</b>
<b>Position:</b>	310
<b>Loop:</b>	2320 Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify information associated with other health insurance coverage
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	1 OI03 is the assignment of benefits indicator. A "Y" value indicates insured or authorized person authorizes benefits to be assigned to the provider; an "N" value indicates benefits have not been assigned to the provider.
<b>Comments:</b>	
<b>Notes:</b>	All information contained in the OI segment applies only to the payer who is identified in the 2330B loop of this iteration of the 2320 loop. It is specific only to that payer.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
Not Used	OI01	1032	<b>Claim Filing Indicator Code</b> Code identifying type of claim	O ID 1/2
Not Used	OI02	1383	<b>Claim Submission Reason Code</b> Code identifying reason for claim submission	O ID 2/2
Required	OI03	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response This is a crosswalk from CLM08 when doing COB.  ALIAS: Assignment of Benefits Indicator  NSF Reference: DA0-15.0  INDUSTRY: Benefits Assignment Certification Indicator N No Y Yes	O ID 1/1
Situatio	OI04	1351	<b>Patient Signature Source Code</b> Code indicating how the patient or subscriber authorization signatures were obtained and how they are being retained by the provider Required except in cases where "N" is used in OI06.  This is a crosswalk from CLM10 when doing COB.  ALIAS: Patient Signature Source Code  NSF Reference: DA0-16.0  INDUSTRY: Patient Signature Source Code B Signed signature authorization form or forms for both HCFA-1500 Claim Form block 12 and block 13 are on file C Signed HCFA-1500 Claim Form on file M Signed signature authorization form for HCFA-1500 Claim Form block 13 on file P Signature generated by provider because the patient was not physically present for services S Signed signature authorization form for HCFA-1500	O ID 1/1

DRAFT

Claim Form block 12 on file

<b>Not Used</b>	<b>OI05</b>	<b>1360</b>	<b>Provider Agreement Code</b>	<b>O ID 1/1</b>
Code indicating the type of agreement under which the provider is submitting this claim				
<b>Required</b>	<b>OI06</b>	<b>1363</b>	<b>Release of Information Code</b>	<b>O ID 1/1</b>
Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations				
This is a crosswalk from CLM09 when doing COB.				

ALIAS: Release of Information Code

INDUSTRY: Release of Information Code

A	Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization
I	Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes
M	The Provider has Limited or Restricted Ability to Release Data Related to a Claim
N	No, Provider is Not Allowed to Release Data
O	On file at Payor or at Plan Sponsor
Y	Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim

**Segment:****MOA Medicare Outpatient Adjudication Information****Position:**

320

**Loop:**

2320 Optional

**Level:**

Detail

**Usage:**

Optional

**Max Use:**

1

**Purpose:**

To convey claim-level data related to the adjudication of Medicare claims not related to an inpatient setting

**Syntax Notes:****Semantic Notes:**

- 1 MOA01 is the reimbursement rate.
- 2 MOA02 is the claim Health Care Financing Administration Common Procedural Coding System (HCPCS) payable amount.
- 3 MOA03 is the Claim Payment Remark Code. See Code Source 411.
- 4 MOA04 is the Claim Payment Remark Code. See Code Source 411.
- 5 MOA05 is the Claim Payment Remark Code. See Code Source 411.
- 6 MOA06 is the Claim Payment Remark Code. See Code Source 411.
- 7 MOA07 is the Claim Payment Remark Code. See Code Source 411.
- 8 MOA08 is the End Stage Renal Disease (ESRD) payment amount.
- 9 MOA09 is the professional component amount billed but not payable.

**Comments:****Notes:**

Required if returned in the electronic remittance advice (835).

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Situatio</b>	<b>MOA01</b>	<b>954</b>	<b>Percent</b>	<b>O R 1/10</b>
			Percentage expressed as a decimal	
			Required if returned in the electronic remittance advice (835).	
			ALIAS: Outpatient Reimbursement Rate	
<b>Situatio</b>	<b>MOA02</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O R 1/18</b>
			INDUSTRY: Reimbursement Rate	
			Monetary amount	
			Required if returned in the electronic remittance advice (835).	
			ALIAS: HCPCS Payable Amount	
<b>Situatio</b>	<b>MOA03</b>	<b>127</b>	<b>Reference Identification</b>	<b>O AN 1/30</b>
			INDUSTRY: HCPCS Payable Amount	
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			Required if returned in the electronic remittance advice (835).	
			ALIAS: Remarks Code	
			NSF Reference: DA3-18.0, DA3-19.0, DA3-20.0, DA3-21.0, DA3-22.0	
<b>Situatio</b>	<b>MOA04</b>	<b>127</b>	<b>Reference Identification</b>	<b>O AN 1/30</b>
			INDUSTRY: Remark Code	
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			Required if returned in the electronic remittance advice (835).	
			ALIAS: Remarks Code	
			NSF Reference: DA3-18.0, DA3-19.0, DA3-20.0, DA3-21.0, DA3-22.0	

<b>Situatio</b>	<b>MOA05</b>	<b>127</b>	INDUSTRY: Remark Code	
			<b>Reference Identification</b>	<b>O AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			Required if returned in the electronic remittance advice (835).	
			ALIAS: Remarks Code	
<b>Situatio</b>	<b>MOA06</b>	<b>127</b>	INDUSTRY: Remark Code	
			<b>Reference Identification</b>	<b>O AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			Required if returned in the electronic remittance advice (835).	
			ALIAS: Remarks Code	
<b>Situatio</b>	<b>MOA07</b>	<b>127</b>	INDUSTRY: Remark Code	
			<b>Reference Identification</b>	<b>O AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			Required if returned in the electronic remittance advice (835).	
			ALIAS: Remarks Code	
<b>Situatio</b>	<b>MOA08</b>	<b>782</b>	INDUSTRY: Remark Code	
			<b>Monetary Amount</b>	<b>O R 1/18</b>
			Monetary amount	
			Required if returned in the electronic remittance advice (835).	
			ALIAS: ESRD Paid Amount	
<b>Situatio</b>	<b>MOA09</b>	<b>782</b>	INDUSTRY: End Stage Renal Disease Payment Amount	
			<b>Monetary Amount</b>	<b>O R 1/18</b>
			Monetary amount	
			Required if returned in the electronic remittance advice (835).	
			ALIAS: Professional Component	
			INDUSTRY: Non-Payable Professional Component Billed Amount	

<b>Segment:</b>	<b>NM1</b> Other Subscriber Name
<b>Position:</b>	325
<b>Loop:</b>	2330A Optional (Must Use)
<b>Level:</b>	Detail
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	Submitters are required to send information on all known other subscribers in Loop ID-2330.

This 2330 loop is required when Loop ID-2320 - Other Subscriber Information is used. Otherwise, this loop is not used.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Data Element Summary				
	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>NM101</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code IL Insured or Subscriber	<b>M ID 2/3</b>
<b>Required</b>	<b>NM102</b>	<b>1065</b>	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person 2 Non-Person Entity	<b>M ID 1/1</b>
<b>Required</b>	<b>NM103</b>	<b>1035</b>	<b>Name Last or Organization Name</b> Individual last name or organizational name ALIAS: Subscriber Last Name  NSF Reference: DA0-19.0	<b>O AN 1/35</b>
<b>Situatio</b>	<b>NM104</b>	<b>1036</b>	INDUSTRY: Other Insured Last Name <b>Name First</b> Individual first name Required if NM102=1 (person).  ALIAS: Subscriber First Name  NSF Reference: DA0-20.0	<b>O AN 1/25</b>
<b>Situatio</b>	<b>NM105</b>	<b>1037</b>	INDUSTRY: Other Insured First Name <b>Name Middle</b> Individual middle name or initial Required if NM102=1 and the middle name/initial of the person is known.  ALIAS: Subscriber Middle Name  NSF Reference: DA0-21.0	<b>O AN 1/25</b>

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<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	INDUSTRY: Other Insured Middle Name <b>Name Prefix</b> Prefix to individual name	<b>O</b>	<b>AN 1/10</b>
<b>Situatio</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name Required if known.  Examples: I, II, III, IV, Jr, Sr  ALIAS: Subscriber Generation  NSF Reference: DA0-22.0	<b>O</b>	<b>AN 1/10</b>
<b>Required</b>	<b>NM108</b>	<b>66</b>	INDUSTRY: Other Insured Name Suffix <b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) INDUSTRY: Identification Code Qualifier MI Member Identification Number The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number. Therefore the 837 Professional Workgroup recommends using MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Health Insurance Claim Number (HIC), etc. ZZ Mutually Defined The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.	<b>X</b>	<b>ID 1/2</b>
<b>Required</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code ALIAS: Other Subscriber Primary Identifier  NSF Reference: DA0-18.0	<b>X</b>	<b>AN 2/80</b>
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	INDUSTRY: Other Insured Identifier <b>Entity Relationship Code</b> Code describing entity relationship	<b>X</b>	<b>ID 2/2</b>
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	<b>O</b>	<b>ID 2/3</b>

**Segment:** **N2 Additional Other Subscriber Name Information**

**Position:** 330

**Loop:** 2330A Optional (Must Use)

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b><u>Des.</u></b>	<b><u>Element</u></b>	<b><u>Name</u></b>	
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b> Free-form name ALIAS: Subscriber Additional Name Information	<b>M AN 1/60</b>
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b> INDUSTRY: Other Insured Additional Name Free-form name	<b>O AN 1/60</b>

**Segment:** **N3** Other Subscriber Address  
**Position:** 332  
**Loop:** 2330A Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:** Required when information is available.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>N301</b>	<b>166</b>	<b>Address Information</b> Address information ALIAS: Subscriber Address 1  NSF Reference: DA2-04.0	<b>M AN 1/55</b>
<b>Situatio</b>	<b>N302</b>	<b>166</b>	<b>Address Information</b> Address information Required if a second address line exists.  ALIAS: Subscriber Address 2  NSF Reference: DA2-05.0  INDUSTRY: Other Insured Address Line	<b>O AN 1/55</b>



<b>Segment:</b>	<b>N4 Other Subscriber City/State/ZIP Code</b>
<b>Position:</b>	340
<b>Loop:</b>	2330A Optional (Must Use)
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify the geographic place of the named party
<b>Syntax Notes:</b>	1 If N406 is present, then N405 is required.
<b>Semantic Notes:</b>	
<b>Comments:</b>	1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location. 2 N402 is required only if city name (N401) is in the U.S. or Canada.
<b>Notes:</b>	Required when information is available.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Situatio	N401	19	City Name Free-form text for city name Required when information is available.  ALIAS: Subscriber City Name  NSF Reference: DA2-06.0	O AN 2/30
Situatio	N402	156	INDUSTRY: Other Insured City Name State or Province Code Code (Standard State/Province) as defined by appropriate government agency Required when information is available.  ALIAS: Subscriber State Code  NSF Reference: DA2-07.0	O ID 2/2
Situatio	N403	116	INDUSTRY: Other Insured State Code Postal Code Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Required when information is available.  ALIAS: Subscriber Zip Code  NSF Reference: DA2-08.0	O ID 3/15
Situatio	N404	26	INDUSTRY: Other Insured Postal Zone or ZIP Code Country Code Code identifying the country Required if the address is out of the U.S.  ALIAS: Subscriber Country Code	O ID 2/3
Not Used	N405	309	INDUSTRY: Country Code Location Qualifier Code identifying type of location	X ID 1/2

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**Not Used**

**N406**

**310**

**Location Identifier**

Code which identifies a specific location

**O AN 1/30**

<b>Segment:</b>	<b>REF</b>	<b>Other Subscriber Secondary Identification</b>
<b>Position:</b>	355	
<b>Loop:</b>	2330A	Optional (Must Use)
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	3	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required if additional identification numbers are necessary to adjudicate the claim/encounter.	

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 1W Member Identification Number Unique identification number assigned to each member under a subscriber's contract 23 Client Number This code is intended to be used only in claims submitted to the Indian Health Service/Contract Health Services (IHC/CHS) Fiscal Intermediary for the purpose of reporting the Health Record Number. IG Insurance Policy Number SY Social Security Number The social security number may not be used for Medicare.	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier ALIAS: Other Subscriber Secondary Identification INDUSTRY: Other Insured Additional Identifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as	<b>X AN 1/30</b>

DRAFT

<b>Not Used</b>	<b>C04005</b>	<b>128</b>	specified by the Reference Identification Qualifier <b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

<b>Segment:</b>	<b>NM1</b> Other Payer Name
<b>Position:</b>	325
<b>Loop:</b>	2330B Optional (Must Use)
<b>Level:</b>	Detail
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	Submitters are required to send all known information on other payers in this Loop ID-2330.

This 2330 loop is required when Loop ID-2320 - Other Subscriber Information is used. Otherwise, this loop is not used.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Data Element Summary				
	Ref. Des.	Data Element	Name	Attributes
Required	NM101	98	Entity Identifier Code	M ID 2/3
			Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code PR Payer	
Required	NM102	1065	Entity Type Qualifier	M ID 1/1
			Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 2 Non-Person Entity	
Required	NM103	1035	Name Last or Organization Name	O AN 1/35
			Individual last name or organizational name ALIAS: Payer Name  NSF Reference: DA0-09.0	
Not Used	NM104	1036	Name First	O AN 1/25
			Individual first name	
Not Used	NM105	1037	Name Middle	O AN 1/25
			Individual middle name or initial	
Not Used	NM106	1038	Name Prefix	O AN 1/10
			Prefix to individual name	
Not Used	NM107	1039	Name Suffix	O AN 1/10
			Suffix to individual name	
Required	NM108	66	Identification Code Qualifier	X ID 1/2
			Code designating the system/method of code structure used for Identification Code (67) INDUSTRY: Identification Code Qualifier PI Payor Identification XV Health Care Financing Administration National Payer Identification Number (PAYERID)	
Required	NM109	67	Identification Code	X AN 2/80

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Code identifying a party or other code

This number must be identical to SVD01 (Loop ID-2430) for COB.

ALIAS: Other Payer Primary Identification Number

NSF Reference: DA0-07.0

<b>Not Used</b>	<b>NM110</b>	<b>706</b>	INDUSTRY: Other Payer Primary Identifier <b>Entity Relationship Code</b>	<b>X</b>	<b>ID 2/2</b>
			Code describing entity relationship		
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O</b>	<b>ID 2/3</b>
			Code identifying an organizational entity, a physical location, property or an individual		

**Segment:** **N2 Additional Other Payer Name Information**

**Position:** 330

**Loop:** 2330B Optional (Must Use)

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b> Free-form name ALIAS: Payer Additional Name Information	<b>M AN 1/60</b>
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b> INDUSTRY: Other Payer Additional Name Text Free-form name	<b>O AN 1/60</b>

**Segment:****PER Other Payer Contact Information****Position:**

345

**Loop:**

2330B Optional (Must Use)

**Level:**

Detail

**Usage:**

Optional

**Max Use:**

2

**Purpose:**

To identify a person or office to whom administrative communications should be directed

**Syntax Notes:**

- 1 If either PER03 or PER04 is present, then the other is required.
- 2 If either PER05 or PER06 is present, then the other is required.
- 3 If either PER07 or PER08 is present, then the other is required.

**Semantic Notes:****Comments:****Notes:**

This segment is used only in payer-to-payer COB situations. This segment may be completed by a payer who has adjudicated the claim and is passing it on to a secondary payer. It is not completed by submitting providers.

When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g., (534) 224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.

There are 2 repetitions of the PER segment to allow for six possible combination of communication numbers including extensions.

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>PER01</b>	<b>366</b>	<b>Contact Function Code</b>	<b>M ID 2/2</b>
			Code identifying the major duty or responsibility of the person or group named	
			INDUSTRY: Contact Function Code	
			IC Information Contact	
<b>Required</b>	<b>PER02</b>	<b>93</b>	<b>Name</b>	<b>O AN 1/60</b>
			Free-form name	
			INDUSTRY: Other Payer Contact Name	
<b>Required</b>	<b>PER03</b>	<b>365</b>	<b>Communication Number Qualifier</b>	<b>X ID 2/2</b>
			Code identifying the type of communication number	
			INDUSTRY: Communication Number Qualifier	
			ED Electronic Data Interchange Access Number	
			EM Electronic Mail	
			FX Facsimile	
			TE Telephone	
<b>Required</b>	<b>PER04</b>	<b>364</b>	<b>Communication Number</b>	<b>X AN 1/80</b>
			Complete communications number including country or area code when applicable	
			INDUSTRY: Communication Number	
<b>Situatio</b>	<b>PER05</b>	<b>365</b>	<b>Communication Number Qualifier</b>	<b>X ID 2/2</b>
			Code identifying the type of communication number	
			Used at the discretion of the submitter.	
			INDUSTRY: Communication Number Qualifier	
			ED Electronic Data Interchange Access Number	
			EM Electronic Mail	



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			EX	Telephone Extension		
			FX	Facsimile		
			TE	Telephone		
<b>Situatio</b>	<b>PER06</b>	<b>364</b>	<b>Communication Number</b>		<b>X</b>	<b>AN 1/80</b>
			Complete communications number including country or area code when applicable			
			Used at the discretion of the submitter.			
<b>Situatio</b>	<b>PER07</b>	<b>365</b>	<b>Communication Number Qualifier</b>		<b>X</b>	<b>ID 2/2</b>
			INDUSTRY: Communication Number			
			Code identifying the type of communication number			
			Used at the discretion of the submitter.			
			INDUSTRY: Communication Number Qualifier			
			ED	Electronic Data Interchange Access Number		
			EM	Electronic Mail		
			EX	Telephone Extension		
			FX	Facsimile		
			TE	Telephone		
<b>Situatio</b>	<b>PER08</b>	<b>364</b>	<b>Communication Number</b>		<b>X</b>	<b>AN 1/80</b>
			Complete communications number including country or area code when applicable			
			Used at the discretion of the submitter.			
<b>Not Used</b>	<b>PER09</b>	<b>443</b>	<b>Contact Inquiry Reference</b>		<b>O</b>	<b>AN 1/20</b>
			INDUSTRY: Communication Number			
			Additional reference number or description to clarify a contact number			

**Segment:** **DTP** Claim Adjudication Date

**Position:** 350

**Loop:** 2330B Optional (Must Use)

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** This segment is required when the payer identified in this iteration of the 2330 loop has previously adjudicated the claim and Loop-ID 2430 (Line Adjudication Information) is not used.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			573 Date Claim Paid	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: DA1-27.0	
			INDUSTRY: Adjudication or Payment Date	

<b>Segment:</b>	<b>REF</b>	<b>Other Payer Secondary Identifier</b>
<b>Position:</b>	355	
<b>Loop:</b>	2330B	Optional (Must Use)
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	2	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	<p>Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.</p> <p>Used when it is necessary to identify the 'other' payer's claim number in a payer-to-payer COB situation (use code F8). Code F8 is not used by providers.</p> <p>There can only be a maximum of three REF segments in any one iteration of the 2330 loop.</p> <p>See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.</p>	

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			INDUSTRY: Reference Identification Qualifier	
			2U Payer Identification Number	
			F8 Original Reference Number	
			Use to indicate the payer's claim number for this claim for the payer identified in this iteration of the 2330B loop.	
			FY Claim Office Number	
			The identification of the specific payer's location designated as responsible for the submitted claim	
			NF National Association of Insurance Commissioners (NAIC) Code	
			A unique number assigned to each insurance company	
			TJ Federal Taxpayer's Identification Number	
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			The DA3-29.0 crosswalk is only used in payer-to-payer COB situations.	
			NSF Reference: DA3-29.0	
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X AN 1/80</b>
			INDUSTRY: Other Payer Secondary Identifier	
			A free-form description to clarify the related data elements and their content	
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b>	<b>O</b>
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	

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<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M</b>	<b>AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X</b>	<b>ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X</b>	<b>AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X</b>	<b>ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X</b>	<b>AN 1/30</b>

<b>Segment:</b>	<b>REF</b>	<b>Other Payer Prior Authorization or Referral Number</b>
<b>Position:</b>	355	
<b>Loop:</b>	2330B	Optional (Must Use)
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	2	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Used when the payer identified in this loop has given a prior authorization or referral number to this claim. This element is primarily used in payer-to-payer COB situations.  There can only be a maximum of three REF segments in any one iteration of the 2330 loop.  See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.	

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 9F Referral Number G1 Prior Authorization Number An authorization number acquired prior to the submission of a claim	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Other Payer Prior Authorization or Referral Number	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>

<b>Segment:</b>	<b>REF</b>	<b>Other Payer Claim Adjustment Indicator</b>
<b>Position:</b>	355	
<b>Loop:</b>	2330B	Optional (Must Use)
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	2	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Used only in payer-to-payer COB. In that situation, the destination payer is secondary to the payer identified in this loop. Providers/other submitters do not use this segment.	

Required when the payer identified in this loop has previously paid this claim and has indicated so to the destination payer. In this case the payer identified in this loop has readjudicated the claim and is sending the adjusted payment information to the destination payer. This REF segment is used to indicate that this claim is an adjustment of a previously adjudicated claim. If the claim has not been previously adjudicated this REF is not used.

There can only be a maximum of three REF segments in any one iteration of the 2330 loop.

Data Element Summary				
	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier T4 Signal Code Defense Fuel Supply Center to bill back fuel purchases to the appropriate service or agency account fund	<b>M ID 2/3</b>
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Allowable values are "Y" indicating that the payer in this loop has previously adjudicated this claim and sent a record of that adjudication to the destination payer identified in the 2010BB loop. The claim being transmitted in this iteration of the 2300 loop is a re-adjudicated version of that claim.  NSF Reference: DA3-24.0	<b>X AN 1/30</b>
Not Used	REF03	352	INDUSTRY: Other Payer Claim Adjustment Indicator <b>Description</b> A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>

DRAFT

<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

<b>Segment:</b>	<b>NM1</b>	<b>Other Payer Patient Information</b>
<b>Position:</b>	325	
<b>Loop:</b>	2330C	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To supply the full name of an individual or organizational entity	
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.	
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.	
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.	
<b>Notes:</b>	Required when it is necessary, in COB situations, to send one or more payer-specific patient identification numbers. The patient identification number(s) carried in this iteration of the 2330 loop are those patient ID's which belong to non-destination (COB) payers. The patient ID(s) for the destination payer are carried in the 2010CA loop NM1 and REF segments. See Section 1.4.5 Crosswalking COB Data Elements for more information on handling non-destination payer patient identifiers and other COB elements.	

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>NM101</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code QC Patient Individual receiving medical care	<b>M ID 2/3</b>
<b>Required</b>	<b>NM102</b>	<b>1065</b>	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person	<b>M ID 1/1</b>
<b>Required</b>	<b>NM103</b>	<b>1035</b>	<b>Name Last or Organization Name</b> Individual last name or organizational name ALIAS: Patient Last Name INDUSTRY: Patient Last Name	<b>O AN 1/35</b>
<b>Not Used</b>	<b>NM104</b>	<b>1036</b>	<b>Name First</b> Individual first name	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM105</b>	<b>1037</b>	<b>Name Middle</b> Individual middle name or initial	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	<b>Name Prefix</b> Prefix to individual name	<b>O AN 1/10</b>
<b>Not Used</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name	<b>O AN 1/10</b>
<b>Required</b>	<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) INDUSTRY: Identification Code Qualifier MI Member Identification Number The code MI is intended to be the subscriber's	<b>X ID 1/2</b>



identification number as assigned by the payer. Payers use different terminology to convey the same number. Therefore the 837 Professional Workgroup recommends using MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Health Insurance Claim Number (HIC), etc.

<b>Required</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code ALIAS: Patient's Other Payer Primary Identification Number	<b>X</b>	<b>AN 2/80</b>
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	INDUSTRY: Other Payer Patient Primary Identifier <b>Entity Relationship Code</b> Code describing entity relationship	<b>X</b>	<b>ID 2/2</b>
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	<b>O</b>	<b>ID 2/3</b>

<b>Segment:</b>	<b>REF</b>	<b>Other Payer Patient Identification</b>
<b>Position:</b>	355	
<b>Loop:</b>	2330C	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	3	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Used when a COB payer (listed in 2330B loop) has one or more proprietary patient identification numbers for this claim. The patient (name, DOB, etc) is identified in the 2010BA or 2010CA loop.	

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Data Element Summary				
	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 1W Member Identification Number Unique identification number assigned to each member under a subscriber's contract If NM108 = M1 do not use this code. 23 Client Number This code is intended to be used only in claims submitted to the Indian Health Service/Contract Health Services (IHC/CHS) Fiscal Intermediary for the purpose of reporting the Health Record Number. IG Insurance Policy Number SY Social Security Number Do not use for Medicare.	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier ALIAS: Patient's Other Payer Secondary Identifier INDUSTRY: Other Payer Patient Secondary Identifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>

DRAFT

			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

<b>Segment:</b>	<b>NM1</b> Other Payer Referring Provider
<b>Position:</b>	325
<b>Loop:</b>	2330D Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>NM101</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code DN Referring Provider Use on first iteration of this loop. Use if loop is used only once. P3 Primary Care Provider Physician that is selected by the insured to provide medical care Use only if loop is used twice. Use only on second iteration of this loop.	<b>M ID 2/3</b>
<b>Required</b>	<b>NM102</b>	<b>1065</b>	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person 2 Non-Person Entity	<b>M ID 1/1</b>
<b>Required</b>	<b>NM103</b>	<b>1035</b>	<b>Name Last or Organization Name</b> Individual last name or organizational name ALIAS: Referring Provider Last Name INDUSTRY: Referring Provider Last Name	<b>O AN 1/35</b>
<b>Not Used</b>	<b>NM104</b>	<b>1036</b>	<b>Name First</b> Individual first name	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM105</b>	<b>1037</b>	<b>Name Middle</b> Individual middle name or initial	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	<b>Name Prefix</b> Prefix to individual name	<b>O AN 1/10</b>
<b>Not Used</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name	<b>O AN 1/10</b>
<b>Not Used</b>	<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b>	<b>X ID 1/2</b>

DRAFT

			Code designating the system/method of code structure used for Identification Code (67)		
Not Used	NM109	67	Identification Code	X	AN 2/80
			Code identifying a party or other code		
Not Used	NM110	706	Entity Relationship Code	X	ID 2/2
			Code describing entity relationship		
Not Used	NM111	98	Entity Identifier Code	O	ID 2/3
			Code identifying an organizational entity, a physical location, property or an individual		

<b>Segment:</b>	<b>REF</b> Other Payer Referring Provider Identification
<b>Position:</b>	355
<b>Loop:</b>	2330D Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	3
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	1 REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Non-destination (COB) payers' provider identification number(s).

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 1B Blue Shield Provider Number 1C Medicare Provider Number 1D Medicaid Provider Number EI Employer's Identification Number G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer LU Location Number N5 Provider Plan Network Identification Number A number assigned to identify a specific provider in a health care plan network	M ID 2/3
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier ALIAS: Other Payer Referring Provider Identification	X AN 1/30
Not Used	REF03	352	<b>Description</b> INDUSTRY: Other Payer Referring Provider Identifier A free-form description to clarify the related data elements and their content	X AN 1/80
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M ID 2/3
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30

DRAFT

<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X</b>	<b>ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X</b>	<b>AN 1/30</b>

<b>Segment:</b>	<b>NM1</b> Other Payer Rendering Provider
<b>Position:</b>	325
<b>Loop:</b>	2330E Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>NM101</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code 82 Rendering Provider	<b>M ID 2/3</b>
<b>Required</b>	<b>NM102</b>	<b>1065</b>	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person 2 Non-Person Entity	<b>M ID 1/1</b>
<b>Required</b>	<b>NM103</b>	<b>1035</b>	<b>Name Last or Organization Name</b> Individual last name or organizational name INDUSTRY: Rendering Provider Last or Organization Name	<b>O AN 1/35</b>
<b>Not Used</b>	<b>NM104</b>	<b>1036</b>	<b>Name First</b> Individual first name	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM105</b>	<b>1037</b>	<b>Name Middle</b> Individual middle name or initial	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	<b>Name Prefix</b> Prefix to individual name	<b>O AN 1/10</b>
<b>Not Used</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name	<b>O AN 1/10</b>
<b>Not Used</b>	<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67)	<b>X ID 1/2</b>
<b>Not Used</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code	<b>X AN 2/80</b>
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	<b>Entity Relationship Code</b> Code describing entity relationship	<b>X ID 2/2</b>
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an	<b>O ID 2/3</b>



DRAFT

individual

<b>Segment:</b>	<b>REF</b> Other Payer Rendering Provider Secondary Identification
<b>Position:</b>	355
<b>Loop:</b>	2330E Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	3
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	1 REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Non-destination (COB) payers' provider identification number(s).

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 1B Blue Shield Provider Number 1C Medicare Provider Number 1D Medicaid Provider Number EI Employer's Identification Number G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer LU Location Number N5 Provider Plan Network Identification Number A number assigned to identify a specific provider in a health care plan network	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Other Payer Rendering Provider Secondary Identification	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> INDUSTRY: Other Payer Rendering Provider Secondary Identifier A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>

DRAFT

<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X</b>	<b>ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X</b>	<b>AN 1/30</b>

<b>Segment:</b>	<b>NM1</b> Other Payer Purchased Service Provider
<b>Position:</b>	325
<b>Loop:</b>	2330F Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>NM101</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code QB Purchase Service Provider Entity from which medical supplies may be bought	<b>M ID 2/3</b>
<b>Required</b>	<b>NM102</b>	<b>1065</b>	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person 2 Non-Person Entity	<b>M ID 1/1</b>
<b>Required</b>	<b>NM103</b>	<b>1035</b>	<b>Name Last or Organization Name</b> Individual last name or organizational name ALIAS: Purchased Service Provider Name INDUSTRY: Purchased Service Provider Name	<b>O AN 1/35</b>
<b>Not Used</b>	<b>NM104</b>	<b>1036</b>	<b>Name First</b> Individual first name	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM105</b>	<b>1037</b>	<b>Name Middle</b> Individual middle name or initial	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	<b>Name Prefix</b> Prefix to individual name	<b>O AN 1/10</b>
<b>Not Used</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name	<b>O AN 1/10</b>
<b>Not Used</b>	<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67)	<b>X ID 1/2</b>
<b>Not Used</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code	<b>X AN 2/80</b>
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	<b>Entity Relationship Code</b> Code describing entity relationship	<b>X ID 2/2</b>

Code identifying an organizational entity, a physical location, property or an individual

<b>Segment:</b>	<b>REF</b> Other Payer Purchased Service Provider Identification
<b>Position:</b>	355
<b>Loop:</b>	2330F Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	3
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Non-destination (COB) payers' provider identification number(s).

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			INDUSTRY: Reference Identification Qualifier	
			1A Blue Cross Provider Number	
			1B Blue Shield Provider Number	
			1C Medicare Provider Number	
			1D Medicaid Provider Number	
			EI Employer's Identification Number	
			G2 Provider Commercial Number	
			A unique number assigned to a provider by a commercial insurer	
			LU Location Number	
			N5 Provider Plan Network Identification Number	
			A number assigned to identify a specific provider in a health care plan network	
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			Other Payer Purchased Service Provider Identification	
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X AN 1/80</b>
			INDUSTRY: Other Payer Purchased Service Provider Identifier	
			A free-form description to clarify the related data elements and their content	
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b>	<b>O</b>
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b>	<b>M AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X ID 2/3</b>
			Code qualifying the Reference Identification	
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as	

DRAFT

<b>Not Used</b>	<b>C04005</b>	<b>128</b>	specified by the Reference Identification Qualifier <b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

<b>Segment:</b>	<b>NM1 Other Payer Service Facility Location</b>
<b>Position:</b>	325
<b>Loop:</b>	2330G Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>NM101</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>M ID 2/3</b>
			Code identifying an organizational entity, a physical location, property or an individual	
			INDUSTRY: Entity Identifier Code	
			77 Service Location	
			Use when other codes in this element do not apply.	
			FA Facility	
			LI Independent Lab	
			Outside laboratory which provides test results for entity providing medical services	
			TL Testing Laboratory	
<b>Required</b>	<b>NM102</b>	<b>1065</b>	<b>Entity Type Qualifier</b>	<b>M ID 1/1</b>
			Code qualifying the type of entity	
			INDUSTRY: Entity Type Qualifier	
			2 Non-Person Entity	
<b>Required</b>	<b>NM103</b>	<b>1035</b>	<b>Name Last or Organization Name</b>	<b>O AN 1/35</b>
			Individual last name or organizational name	
			ALIAS: Service Facility Name	
			INDUSTRY: Service Facility Name	
<b>Not Used</b>	<b>NM104</b>	<b>1036</b>	<b>Name First</b>	<b>O AN 1/25</b>
			Individual first name	
<b>Not Used</b>	<b>NM105</b>	<b>1037</b>	<b>Name Middle</b>	<b>O AN 1/25</b>
			Individual middle name or initial	
<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	<b>Name Prefix</b>	<b>O AN 1/10</b>
			Prefix to individual name	
<b>Not Used</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b>	<b>O AN 1/10</b>
			Suffix to individual name	
<b>Not Used</b>	<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b>	<b>X ID 1/2</b>
			Code designating the system/method of code structure used for Identification Code (67)	



DRAFT

<b>Not Used</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code	<b>X</b>	<b>AN 2/80</b>
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	<b>Entity Relationship Code</b> Code describing entity relationship	<b>X</b>	<b>ID 2/2</b>
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	<b>O</b>	<b>ID 2/3</b>

<b>Segment:</b>	<b>REF</b> Other Payer Service Facility Location Identification
<b>Position:</b>	355
<b>Loop:</b>	2330G Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	3
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	1 REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Non-destination (COB) payers' provider identification number(s).

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 1A Blue Cross Provider Number 1B Blue Shield Provider Number 1C Medicare Provider Number 1D Medicaid Provider Number G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer LU Location Number N5 Provider Plan Network Identification Number A number assigned to identify a specific provider in a health care plan network	<b>M ID 2/3</b>
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier ALIAS: Other Payer Service Facility Location Identification	<b>X AN 1/30</b>
Not Used	REF03	352	<b>Description</b> INDUSTRY: Other Payer Service Facility Location Identifier A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
Not Used	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>

DRAFT

<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X</b>	<b>ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X</b>	<b>AN 1/30</b>

<b>Segment:</b>	<b>NM1</b> Other Payer Supervising Provider
<b>Position:</b>	325
<b>Loop:</b>	2330H Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>NM101</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code DQ Supervising Physician	<b>M ID 2/3</b>
<b>Required</b>	<b>NM102</b>	<b>1065</b>	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person	<b>M ID 1/1</b>
<b>Required</b>	<b>NM103</b>	<b>1035</b>	<b>Name Last or Organization Name</b> Individual last name or organizational name ALIAS: Supervising Provider Last Name INDUSTRY: Supervising Provider Last Name	<b>O AN 1/35</b>
<b>Not Used</b>	<b>NM104</b>	<b>1036</b>	<b>Name First</b> Individual first name	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM105</b>	<b>1037</b>	<b>Name Middle</b> Individual middle name or initial	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	<b>Name Prefix</b> Prefix to individual name	<b>O AN 1/10</b>
<b>Not Used</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name	<b>O AN 1/10</b>
<b>Not Used</b>	<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67)	<b>X ID 1/2</b>
<b>Not Used</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code	<b>X AN 2/80</b>
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	<b>Entity Relationship Code</b> Code describing entity relationship	<b>X ID 2/2</b>
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an	<b>O ID 2/3</b>

DRAFT

individual

<b>Segment:</b>	<b>REF</b> Other Payer Supervising Provider Identification
<b>Position:</b>	355
<b>Loop:</b>	2330H Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	3
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	1 REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Non-destination (COB) payers' provider identification number(s).

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 1B Blue Shield Provider Number 1C Medicare Provider Number 1D Medicaid Provider Number EI Employer's Identification Number G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer N5 Provider Plan Network Identification Number A number assigned to identify a specific provider in a health care plan network	M ID 2/3
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier ALIAS: Other Payer Supervising Provider Identification	X AN 1/30
Not Used	REF03	352	<b>Description</b> INDUSTRY: Other Payer Supervising Provider Identifier A free-form description to clarify the related data elements and their content	X AN 1/80
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M ID 2/3
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30
Not Used	C04005	128	<b>Reference Identification Qualifier</b>	X ID 2/3

DRAFT

<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Code qualifying the Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			<b>Reference Identification</b>		
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

<b>Segment:</b>	<b>LX</b> Service Line
<b>Position:</b>	365
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Detail
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	1
<b>Purpose:</b>	To reference a line number in a transaction set
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	
<b>Comments:</b>	
<b>Notes:</b>	<p>The Service Line LX segment begins with 1 and is incremented by one for each additional service line of a claim. The LX functions as a line counter.</p> <p>The datum in the LX is not usually returned in the 835 (Remittance Advice) transaction. LX01 may be used as a line item control number by the payer in the 835 if a line item control number has not been submitted on the service line. See that REF for more information.</p> <p>LX01 is used to indicate bundling/unbundling in SVC06. See Section 1.4.3 for more information on bundling and unbundling.</p> <p>Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 syntax rules.</p>

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>LX01</b>	<b>554</b>	<b>Assigned Number</b>	<b>M N0 1/6</b>
			Number assigned for differentiation within a transaction set	
			The service line number incremented by 1 for each service line.	
			ALIAS: Line Counter	
			NSF Reference: FA0-02.0, FB0-02.0, FB1-02.0, GA0-02.0, GC0-02.0, GX0-02.0, GX2-02.0, HA0-02.0, FB2-02.0, GU0-02.0	
			INDUSTRY: Assigned Number	



<b>Segment:</b>	<b>SV1 Professional Service</b>
<b>Position:</b>	370
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Detail
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify the claim service detail for a Health Care professional
<b>Syntax Notes:</b>	<b>1</b> If either SV103 or SV104 is present, then the other is required.
<b>Semantic Notes:</b>	<b>1</b> SV102 is the submitted charge amount. <b>2</b> SV105 is the place of service. <b>3</b> SV108 is the independent lab charges. <b>4</b> SV109 is the emergency-related indicator; a "Y" value indicates service provided was emergency related; an "N" value indicates service provided was not emergency related. <b>5</b> SV111 is early and periodic screen for diagnosis and treatment of children (EPSDT) involvement; a "Y" value indicates EPSDT involvement; an "N" value indicates no EPSDT involvement. <b>6</b> SV112 is the family planning involvement indicator. A "Y" value indicates family planning services involvement; an "N" value indicates no family planning services involvement. <b>7</b> SV117 is the health care manpower shortage area (HMSA) facility identification. <b>8</b> SV118 is the health care manpower shortage area (HMSA) zip code. <b>9</b> SV119 is a noncovered charge amount.
<b>Comments:</b>	<b>1</b> If SV113 is equal to "L" or "N", then SV114 is required.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>SV101</b>	<b>C003</b>	<b>Composite Medical Procedure Identifier</b>	<b>M</b>
			To identify a medical procedure by its standardized codes and applicable modifiers	
			ALIAS: Procedure identifier	
<b>Required</b>	<b>C00301</b>	<b>235</b>	<b>Product/Service ID Qualifier</b>	<b>M ID 2/2</b>
			Code identifying the type/source of the descriptive number used in Product/Service ID (234)	
			INDUSTRY: Product or Service ID Qualifier	
		HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes	
			HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under Medicare; primarily used for ambulatory surgical and other diagnostic departments	
			Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.	
		IV	Home Infusion EDI Coalition (HIEC) Product/Service Code	
		N1	National Drug Code in 4-4-2 Format	
			4-digit manufacturer ID, 4-digit product ID, 2-digit trade package size	
		N2	National Drug Code in 5-3-2 Format	
			5-digit manufacturer ID, 3-digit product ID, 2-digit trade package size	
		N3	National Drug Code in 5-4-1 Format	
			5-digit manufacturer ID, 4-digit product ID, 1-digit trade package size	
		N4	National Drug Code in 5-4-2 Format	
			5-digit manufacturer ID, 4-digit product ID, 2-digit trade	

			ZZ	package size Mutually Defined Jurisdictionally Defined Procedure and Supply Codes. (Used for Worker's Compensation claims). Contact your local (State) Jurisdiction for a list of these codes.	
<b>Required</b>	<b>C00302</b>	<b>234</b>	<b>Product/Service ID</b>	Identifying number for a product or service NSF Reference: FA0-09.0, FB0-15.0, GU0-07.0	<b>M AN 1/48</b>
<b>Situatio</b>	<b>C00303</b>	<b>1339</b>	<b>Procedure Modifier</b>	INDUSTRY: Procedure Code This identifies special circumstances related to the performance of the service, as defined by trading partners Use this modifier for the first procedure code modifier.  Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.  ALIAS: Procedure Modifier 1  NSF Reference: FA0-10.0, GU0-08.0	<b>O AN 2/2</b>
<b>Situatio</b>	<b>C00304</b>	<b>1339</b>	<b>Procedure Modifier</b>	INDUSTRY: Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners Use this modifier for the second procedure code modifier.  Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.  ALIAS: Procedure Modifier 2  NSF Reference: FA0-11.0	<b>O AN 2/2</b>
<b>Situatio</b>	<b>C00305</b>	<b>1339</b>	<b>Procedure Modifier</b>	INDUSTRY: Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners Use this modifier for the third procedure code modifier.  Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.  ALIAS: Procedure Modifier 3  NSF Reference: FA0-12.0	<b>O AN 2/2</b>
<b>Situatio</b>	<b>C00306</b>	<b>1339</b>	<b>Procedure Modifier</b>	INDUSTRY: Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners Use this modifier for the fourth procedure code modifier.  Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.  ALIAS: Procedure Modifier 4	<b>O AN 2/2</b>

NSF Reference: FA0-36.0

<b>Not Used</b>	<b>C00307</b>	<b>352</b>	<b>INDUSTRY:</b> Procedure Modifier <b>Description</b> <span style="float: right;"><b>O AN 1/80</b></span> A free-form description to clarify the related data elements and their content
<b>Required</b>	<b>SV102</b>	<b>782</b>	<b>Monetary Amount</b> <span style="float: right;"><b>O R 1/18</b></span> Monetary amount For encounter transmissions, zero (0) may be a valid amount.

ALIAS: Submitted charge amount

NSF Reference: FA0-13.0

<b>Required</b>	<b>SV103</b>	<b>355</b>	<b>INDUSTRY:</b> Line Item Charge Amount <b>Unit or Basis for Measurement Code</b> <span style="float: right;"><b>X ID 2/2</b></span> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken FA0-50.0 is only used in Medicare COB payer-to-payer situations.
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NSF Reference: FA0-50.0

INDUSTRY: Unit or Basis for Measurement Code

F2 International Unit

A unit accepted by an international agency; potency of a drug/vitamin based on a specific weight of that drug/vitamin

International Unit is used to indicate dosage amount.

Dosage amount is only used for drug claims when the dosage of the drug is variable within a single NDC number (e.g., blood factors).

MJ Minutes

UN Unit

<b>Required</b>	<b>SV104</b>	<b>380</b>	<b>Quantity</b> <span style="float: right;"><b>X R 1/15</b></span> Numeric value of quantity Note: If a decimal is needed to report units, include it in this element, e.g., "15.6".
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ALIAS: Units or Minutes

NSF Reference: FA0-18.0, FA0-19.0, FB0-16.0

<b>Situatio</b>	<b>SV105</b>	<b>1331</b>	<b>INDUSTRY:</b> Service Unit Count <b>Facility Code Value</b> <span style="float: right;"><b>O AN 1/2</b></span> Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format Required if value is different than value carried in CLM05-1 in Loop ID-2300.
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Use this element for codes identifying a place of service from code source 237. As a courtesy, the codes are listed below, however, the code list is thought to be complete at the time of publication of this implementation guideline. Since this list is subject to change, only codes contained in the document available from code source 237 are to be supported in this transaction and take precedence over any and all codes listed here.

- 11 Office
- 12 Home
- 21 Inpatient Hospital
- 22 Outpatient Hospital

- 23 Emergency Room - Hospital
- 24 Ambulatory Surgical Center
- 25 Birthing Center
- 26 Military Treatment Facility
- 31 Skilled Nursing Facility
- 32 Nursing Facility
- 33 Custodial Care Facility
- 34 Hospice
- 41 Ambulance - Land
- 42 Ambulance - Air or Water
- 50 Federally Qualified Health Center
- 51 Inpatient Psychiatric Facility
- 52 Psychiatric Facility Partial Hospitalization
- 53 Community Mental Health Center
- 54 Intermediate Care Facility/Mentally Retarded
- 55 Residential Substance Abuse Treatment Facility
- 56 Psychiatric Residential Treatment Center
- 60 Mass Immunization Center
- 61 Comprehensive Inpatient Rehabilitation Facility
- 62 Comprehensive Outpatient Rehabilitation Facility
- 65 End Stage Renal Disease Treatment Facility
- 71 State or Local Public Health Clinic
- 72 Rural Health Clinic
- 81 Independent Laboratory
- 99 Other Unlisted Facility

ALIAS: Place of Service Code

NSF Reference: FA0-07.0, GU0-05.0

<b>Not Used</b>	<b>SV106</b>	<b>1365</b>	INDUSTRY: Place of Service Code <b>Service Type Code</b>	<b>O</b>	<b>ID 1/2</b>
			Code identifying the classification of service		
<b>Situatio</b>	<b>SV107</b>	<b>C004</b>	<b>Composite Diagnosis Code Pointer</b>	<b>O</b>	
			To identify one or more diagnosis code pointers		
			Required if HI segment in Loop ID-2300 is used.		
<b>Required</b>	<b>C00401</b>	<b>1328</b>	ALIAS: Diagnosis Code Pointer <b>Diagnosis Code Pointer</b>	<b>M</b>	<b>N0 1/2</b>
			A pointer to the claim diagnosis code in the order of importance to this service		
			Use this pointer for the first diagnosis code pointer (primary diagnosis for this service line). Use remaining diagnosis pointers in declining level of importance to service line. Acceptable values are 1 through 8, inclusive.		
			NSF Reference: FA0-14.0		
<b>Situatio</b>	<b>C00402</b>	<b>1328</b>	INDUSTRY: Diagnosis Code Pointer <b>Diagnosis Code Pointer</b>	<b>O</b>	<b>N0 1/2</b>
			A pointer to the claim diagnosis code in the order of importance to this service		
			Use this pointer for the second diagnosis code pointer.		
			Required if the service relates to that specific diagnosis and is needed to substantiate the medical treatment. Acceptable values are 1 through 8, inclusive.		
			NSF Reference: FA0-15.0		
<b>Situatio</b>	<b>C00403</b>	<b>1328</b>	INDUSTRY: Diagnosis Code Pointer <b>Diagnosis Code Pointer</b>	<b>O</b>	<b>N0 1/2</b>
P837V401 (004010X098)			268		August 8, 2001

A pointer to the claim diagnosis code in the order of importance to this service  
Use this pointer for the third diagnosis code pointer.

Required if the service relates to that specific diagnosis and is needed to substantiate the medical treatment. Acceptable values are 1 through 8, inclusive.

NSF Reference: FA0-16.0

<b>Situatio</b>	<b>C00404</b>	<b>1328</b>	INDUSTRY: Diagnosis Code Pointer <b>Diagnosis Code Pointer</b>	<b>O N0 1/2</b>
			A pointer to the claim diagnosis code in the order of importance to this service Use this pointer for the fourth diagnosis code pointer.	
			Required if the service relates to that specific diagnosis and is needed to substantiate the medical treatment. Acceptable values are 1 through 8, inclusive.	

NSF Reference: FA0-17.0

<b>Not Used</b>	<b>SV108</b>	<b>782</b>	INDUSTRY: Diagnosis Code Pointer <b>Monetary Amount</b>	<b>O R 1/18</b>
			Monetary amount	
<b>Required</b>	<b>SV109</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>O ID 1/1</b>
			Code indicating a Yes or No condition or response	
			ALIAS: Emergency Indicator	

NSF Reference: FA0-20.0

			INDUSTRY: Emergency Indicator N No Y Yes	
<b>Not Used</b>	<b>SV110</b>	<b>1340</b>	<b>Multiple Procedure Code</b>	<b>O ID 1/2</b>
			Code indicating proper adjudication and payment determination in cases involving multiple surgical procedures during the same surgical session	
<b>Situatio</b>	<b>SV111</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>O ID 1/1</b>
			Code indicating a Yes or No condition or response	
			Required if Medicaid services are the result of a screening referral.	

ALIAS: EPSDT Indicator

NSF Reference: FB0-22.0

			INDUSTRY: EPSDT Indicator Y Yes	
<b>Situatio</b>	<b>SV112</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>O ID 1/1</b>
			Code indicating a Yes or No condition or response	
			Required if applicable for Medicaid claims.	

ALIAS: Family Planning Indicator

NSF Reference: FB0-23.0

			INDUSTRY: Family Planning Indicator Y Yes	
<b>Not Used</b>	<b>SV113</b>	<b>1364</b>	<b>Review Code</b>	<b>O ID 1/2</b>
			Code identifying extenuating circumstances or justifications which might assist	

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Not Used	SV114	1341	any review of the medical necessity for this service <b>National or Local Assigned Review Value</b> Value assigned by national or local organizations for various healthcare data elements	<b>O AN 1/2</b>
Situatio	SV115	1327	<b>Copay Status Code</b> Code indicating whether or not co-payment requirements were met on a line by line basis Required if patient was exempt from co-pay.  ALIAS: Co-Pay Waiver  NSF Reference: FB0-21.0  INDUSTRY: Co-Pay Status Code 0 Copay exempt No copayment is required of patient for this service	<b>O ID 1/1</b>
Not Used	SV116	1334	<b>Health Care Professional Shortage Area Code</b> Code identifying the Health Care Professional Shortage Area Code (HPSA)	<b>O ID 1/1</b>
Not Used	SV117	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>O AN 1/30</b>
Not Used	SV118	116	<b>Postal Code</b> Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	<b>O ID 3/15</b>
Not Used	SV119	782	<b>Monetary Amount</b> Monetary amount	<b>O R 1/18</b>
Not Used	SV120	1337	<b>Level of Care Code</b> Code specifying the level of care provided by a nursing home facility	<b>O ID 1/1</b>
Not Used	SV121	1360	<b>Provider Agreement Code</b> Code indicating the type of agreement under which the provider is submitting this claim	<b>O ID 1/1</b>

<b>Segment:</b>	<b>SV4 Prescription Number</b>
<b>Position:</b>	385
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify the claim service detail for prescription drugs
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	<ol style="list-style-type: none"> <li>SV401 is a prescription number.</li> <li>SV403 is a new or refill number. A value of zero indicates a new prescription, any other value is the refill number of an existing prescription.</li> <li>SV404 is the generic indicator. A "Y" value indicates a generic drug; an "N" value indicates a branded drug.</li> <li>SV408 is the drug name.</li> <li>SV409 is the multisource indicator. A "Y" indicates drug is available from more than one manufacturer; an "N" value indicates drug is available from one manufacturer.</li> <li>SV410 is the compound indicator. A "Y" indicates a compound drug; an "N" value indicates a noncompound drug. A "U" value indicates a nonspecified drug compound.</li> </ol>
<b>Comments:</b>	
<b>Notes:</b>	Required if dispense of the drug has been done with an assigned Rx number.

In cases where a compound drug is being billed, the components of the compound will all have the same prescription number. Payers receiving the claim can relate all the components by matching the prescription number.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>Des.</b>	<b>Element</b>		
	<b>SV401</b>	<b>127</b>	<b>Reference Identification</b>	<b>M AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Prescription Number	
<b>Not Used</b>	<b>SV402</b>	<b>C003</b>	<b>Composite Medical Procedure Identifier</b>	<b>O</b>
			To identify a medical procedure by its standardized codes and applicable modifiers	
<b>Not Used</b>	<b>C00301</b>	<b>235</b>	<b>Product/Service ID Qualifier</b>	<b>M ID 2/2</b>
			Code identifying the type/source of the descriptive number used in Product/Service ID (234)	
<b>Not Used</b>	<b>C00302</b>	<b>234</b>	<b>Product/Service ID</b>	<b>M AN 1/48</b>
			Identifying number for a product or service	
<b>Not Used</b>	<b>C00303</b>	<b>1339</b>	<b>Procedure Modifier</b>	<b>O AN 2/2</b>
			This identifies special circumstances related to the performance of the service, as defined by trading partners	
<b>Not Used</b>	<b>C00304</b>	<b>1339</b>	<b>Procedure Modifier</b>	<b>O AN 2/2</b>
			This identifies special circumstances related to the performance of the service, as defined by trading partners	
<b>Not Used</b>	<b>C00305</b>	<b>1339</b>	<b>Procedure Modifier</b>	<b>O AN 2/2</b>
			This identifies special circumstances related to the performance of the service, as defined by trading partners	
<b>Not Used</b>	<b>C00306</b>	<b>1339</b>	<b>Procedure Modifier</b>	<b>O AN 2/2</b>
			This identifies special circumstances related to the performance of the service, as defined by trading partners	
<b>Not Used</b>	<b>C00307</b>	<b>352</b>	<b>Description</b>	<b>O AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
<b>Not Used</b>	<b>SV403</b>	<b>127</b>	<b>Reference Identification</b>	<b>O AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as	

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Not Used	SV404	1073	specified by the Reference Identification Qualifier <b>Yes/No Condition or Response Code</b>	O	ID 1/1
			Code indicating a Yes or No condition or response		
Not Used	SV405	1329	<b>Dispense as Written Code</b>	O	ID 1/1
			Code indicating whether or not the prescriber's instructions regarding generic substitution were followed		
Not Used	SV406	1338	<b>Level of Service Code</b>	O	ID 1/3
			Code specifying the level of service rendered		
Not Used	SV407	1356	<b>Prescription Origin Code</b>	O	ID 1/1
			Code indicating the origin of a prescription		
Not Used	SV408	352	<b>Description</b>	O	AN 1/80
			A free-form description to clarify the related data elements and their content		
Not Used	SV409	1073	<b>Yes/No Condition or Response Code</b>	O	ID 1/1
			Code indicating a Yes or No condition or response		
Not Used	SV410	1073	<b>Yes/No Condition or Response Code</b>	O	ID 1/1
			Code indicating a Yes or No condition or response		
Not Used	SV411	1370	<b>Unit Dose Code</b>	O	ID 1/1
			Code indicating the type of unit dose dispensing done		
Not Used	SV412	1319	<b>Basis of Cost Determination Code</b>	O	ID 1/2
			Code indicating the method by which the ingredient cost was calculated		
Not Used	SV413	1320	<b>Basis of Days Supply Determination Code</b>	O	ID 1/1
			Code indicating the method by which the days supply was determined		
Not Used	SV414	1330	<b>Dosage Form Code</b>	O	ID 2/2
			Code indicating the form in which the drug is dispensed		
Not Used	SV415	1327	<b>Copay Status Code</b>	O	ID 1/1
			Code indicating whether or not co-payment requirements were met on a line by line basis		
Not Used	SV416	1384	<b>Patient Location Code</b>	O	ID 1/1
			Code identifying the location where patient is receiving medical treatment		
Not Used	SV417	1337	<b>Level of Care Code</b>	O	ID 1/1
			Code specifying the level of care provided by a nursing home facility		
Not Used	SV418	1357	<b>Prior Authorization Type Code</b>	O	ID 1/1
			Code indicating the type of prior authorization or medical certification that has occurred		



<b>Segment:</b>	<b>PWK DMERC CMN Indicator</b>
<b>Position:</b>	420
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To identify the type or transmission or both of paperwork or supporting information
<b>Syntax Notes:</b>	1 If either PWK05 or PWK06 is present, then the other is required.
<b>Semantic Notes:</b>	
<b>Comments:</b>	1 PWK05 and PWK06 may be used to identify the addressee by a code number. 2 PWK07 may be used to indicate special information to be shown on the specified report. 3 PWK08 may be used to indicate action pertaining to a report.
<b>Notes:</b>	Required on Medicare claims when DMERC CMN is included in this claim.

## Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>PWK01</b>	<b>755</b>	<b>Report Type Code</b> Code indicating the title or contents of a document, report or supporting item ALIAS: DMERC Report Type Code  INDUSTRY: Attachment Report Type Code CT Certification	<b>M ID 2/2</b>
<b>Required</b>	<b>PWK02</b>	<b>756</b>	<b>Report Transmission Code</b> Code defining timing, transmission method or format by which reports are to be sent ALIAS: Attachment Transmission Code  NSF Reference: EA0-40.0  INDUSTRY: Attachment Transmission Code AB AD AF AG NS Not Specified Indicates that a report will be transmitted via a nonspecified medium NS = Paperwork is available on request at the provider's site. This means that the paperwork is not being sent with the claim at this time. Instead, it is available to the payer (or appropriate entity) at their request.	<b>O ID 1/2</b>
<b>Not Used</b>	<b>PWK03</b>	<b>757</b>	<b>Report Copies Needed</b> The number of copies of a report that should be sent to the addressee	<b>O N0 1/2</b>
<b>Not Used</b>	<b>PWK04</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	<b>O ID 2/3</b>
<b>Not Used</b>	<b>PWK05</b>	<b>66</b>	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67)	<b>X ID 1/2</b>
<b>Not Used</b>	<b>PWK06</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code	<b>X AN 2/80</b>
<b>Not Used</b>	<b>PWK07</b>	<b>352</b>	<b>Description</b> A free-form description to clarify the related data elements and their content	<b>O AN 1/80</b>
<b>Not Used</b>	<b>PWK08</b>	<b>C002</b>	<b>Actions Indicated</b>	<b>O</b>

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			Actions to be performed on the piece of paperwork identified	
Not Used	C00201	704	<b>Paperwork/Report Action Code</b>	<b>M ID 1/2</b>
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required	
Not Used	C00202	704	<b>Paperwork/Report Action Code</b>	<b>O ID 1/2</b>
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required	
Not Used	C00203	704	<b>Paperwork/Report Action Code</b>	<b>O ID 1/2</b>
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required	
Not Used	C00204	704	<b>Paperwork/Report Action Code</b>	<b>O ID 1/2</b>
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required	
Not Used	C00205	704	<b>Paperwork/Report Action Code</b>	<b>O ID 1/2</b>
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required	
Not Used	PWK09	1525	<b>Request Category Code</b>	<b>O ID 1/2</b>
			Code indicating a type of request	

<b>Segment:</b>	<b>CR1 Ambulance Transport Information</b>
<b>Position:</b>	425
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply information related to the ambulance service rendered to a patient
<b>Syntax Notes:</b>	<b>1</b> If either CR101 or CR102 is present, then the other is required. <b>2</b> If either CR105 or CR106 is present, then the other is required.
<b>Semantic Notes:</b>	<b>1</b> CR102 is the weight of the patient at time of transport. <b>2</b> CR106 is the distance traveled during transport. <b>3</b> CR107 is the address of origin. <b>4</b> CR108 is the address of destination. <b>5</b> CR109 is the purpose for the round trip ambulance service. <b>6</b> CR110 is the purpose for the usage of a stretcher during ambulance service.
<b>Comments:</b>	
<b>Notes:</b>	Required on all ambulance claims if the information is different than in the CR1 at the claim level (Loop ID-2300).

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Situatio</b>	<b>CR101</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Required if CR102 is present.  INDUSTRY: Unit or Basis for Measurement Code LB Pound	<b>X ID 2/2</b>
<b>Situatio</b>	<b>CR102</b>	<b>81</b>	<b>Weight</b> Numeric value of weight Required if it is necessary to justify the medical necessity of the level of ambulance services.  ALIAS: Patient Weight  NSF Reference: GA0-05.0	<b>X R 1/10</b>
<b>Required</b>	<b>CR103</b>	<b>1316</b>	INDUSTRY: Patient Weight <b>Ambulance Transport Code</b> Code indicating the type of ambulance transport ALIAS: Ambulance transport code  NSF Reference: GA0-07.0  INDUSTRY: Ambulance Transport Code I Initial Trip R Return Trip T Transfer Trip Ambulance from one facility to another X Round Trip	<b>O ID 1/1</b>
<b>Required</b>	<b>CR104</b>	<b>1317</b>	<b>Ambulance Transport Reason Code</b> Code indicating the reason for ambulance transport ALIAS: Ambulance Transport Reason Code  NSF Reference: GA0-15.0	<b>O ID 1/1</b>

			INDUSTRY: Ambulance Transport Reason Code	
			A Patient was transported to nearest facility for care of symptoms, complaints, or both	
			B Patient was transported for the benefit of a preferred physician	
			C Patient was transported for the nearness of family members	
			D Patient was transported for the care of a specialist or for availability of specialized equipment	
			E Patient Transferred to Rehabilitation Facility	
<b>Required</b>	<b>CR105</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b>	<b>X ID 2/2</b>
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	
			INDUSTRY: Unit or Basis for Measurement Code	
			DH Miles	
<b>Required</b>	<b>CR106</b>	<b>380</b>	<b>Quantity</b>	<b>X R 1/15</b>
			Numeric value of quantity	
			NSF crosswalk to FA0-50.0 is used only in Medicare payer-to-payer COB situations.	
			ALIAS: Transport Distance	
			NSF Reference: GA0-17.0, FA0-50.0	
<b>Not Used</b>	<b>CR107</b>	<b>166</b>	INDUSTRY: Transport Distance <b>Address Information</b>	<b>O AN 1/55</b>
			Address information	
<b>Not Used</b>	<b>CR108</b>	<b>166</b>	<b>Address Information</b>	<b>O AN 1/55</b>
			Address information	
<b>Situatio</b>	<b>CR109</b>	<b>352</b>	<b>Description</b>	<b>O AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
			Required if CR103 (Ambulance Transport Code) = "X - Round Trip"; otherwise not used.	
			ALIAS: Transport purpose description	
			NSF Reference: GA0-20.0	
<b>Situatio</b>	<b>CR110</b>	<b>352</b>	INDUSTRY: Round Trip Purpose Description <b>Description</b>	<b>O AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
			Required if needed to justify usage of stretcher.	
			ALIAS: Stretcher Purpose Description	
			NSF Reference: GA0-21.0	
			INDUSTRY: Stretcher Purpose Description	

<b>Segment:</b>	<b>CR2</b>	<b>Spinal Manipulation Service Information</b>
<b>Position:</b>	430	
<b>Loop:</b>	2400	Optional (Must Use)
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	5	
<b>Purpose:</b>	To supply information related to the chiropractic service rendered to a patient	
<b>Syntax Notes:</b>	<b>1</b> If either CR201 or CR202 is present, then the other is required. <b>2</b> If CR204 is present, then CR203 is required. <b>3</b> If either CR205 or CR206 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> CR201 is the number this treatment is in the series. <b>2</b> CR202 is the total number of treatments in the series. <b>3</b> CR206 is the time period involved in the treatment series. <b>4</b> CR207 is the number of treatments rendered in the month of service. <b>5</b> CR209 is complication indicator. A "Y" value indicates a complicated condition; an "N" value indicates an uncomplicated condition. <b>6</b> CR210 is a description of the patient's condition. <b>7</b> CR211 is an additional description of the patient's condition. <b>8</b> CR212 is X-rays availability indicator. A "Y" value indicates X-rays are maintained and available for carrier review; an "N" value indicates X-rays are not maintained and available for carrier review.	
<b>Comments:</b>	<b>1</b> When both CR203 and CR204 are present, CR203 is the beginning level of subluxation and CR204 is the ending level of subluxation.	
<b>Notes:</b>	Required on all claims involving spinal manipulation if information is different from Loop-ID 2300 CR2 information. Such claims could originate with chiropractors, physical therapists, DOs, and many other types of health care providers.	

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u> <u>Count</u>	<u>Attributes</u>
<b>Required</b>	<b>CR201</b>	<b>609</b>	Occurrence counter ALIAS: Treatment Number. Spinal Manipulation  NSF Reference: GC0-07.0	<b>X N0 1/9</b>
<b>Required</b>	<b>CR202</b>	<b>380</b>	INDUSTRY: Treatment Series Number <b>Quantity</b> Numeric value of quantity ALIAS: Treatment Series Total. Spinal Manipulation  NSF Reference: GC0-07.0	<b>X R 1/15</b>
<b>Situatio</b>	<b>CR203</b>	<b>1367</b>	INDUSTRY: Treatment Count <b>Subluxation Level Code</b> Code identifying the specific level of subluxation Required if subluxation is involved in claim.  ALIAS: Subluxation Level Code  NSF Reference: GC0-08.0  INDUSTRY: Subluxation Level Code C1                      Cervical 1 Adjustment of the first neck vertebrae C2                      Cervical 2 Adjustment of the second neck vertebrae	<b>X ID 2/3</b>

C3	Cervical 3 Adjustment of the third neck vertebrae
C4	Cervical 4 Adjustment of the fourth neck vertebrae
C5	Cervical 5 Adjustment of the fifth neck vertebrae
C6	Cervical 6 Adjustment of the sixth neck vertebrae
C7	Cervical 7 Adjustment of the seventh neck vertebrae
CO	Coccyx Adjustment of the caudal extremity of the vertebrae
IL	Ilium Adjustment of the expansive superior portion of the hip bone
L1	Lumbar 1 Adjustment of the first vertebrae between the thorax and the pelvis
L2	Lumbar 2 Adjustment of the second vertebrae between the thorax and the pelvis
L3	Lumbar 3 Adjustment of the third vertebrae between the thorax and the pelvis
L4	Lumbar 4 Adjustment of the fourth vertebrae between the thorax and the pelvis
L5	Lumbar 5 Adjustment to the fifth vertebrae between the thorax and the pelvis
OC	Occiput Adjustment of the back part of the neck
SA	Sacrum Adjustment of the triangular bone just below the lumbar vertebrae
T1	Thoracic 1 Adjustment of the first vertebrae located between the neck and the respiratory diaphragm
T10	Thoracic 10 Adjustment of the tenth vertebrae located between the neck and the respiratory diaphragm
T11	Thoracic 11 Adjustment of the eleventh vertebrae located between the neck and the respiratory diaphragm
T12	Thoracic 12 Adjustment of the twelfth vertebrae located between the neck and the respiratory diaphragm
T2	Thoracic 2 Adjustment of the second vertebrae located between the neck and the respiratory diaphragm
T3	Thoracic 3 Adjustment of the third vertebrae located between the neck and the respiratory diaphragm
T4	Thoracic 4 Adjustment of the fourth vertebrae located between the

T5	neck and the respiratory diaphragm Thoracic 5 Adjustment of the fifth vertebrae located between the neck and the respiratory diaphragm
T6	Thoracic 6 Adjustment of the sixth vertebrae located between the neck and the respiratory diaphragm
T7	Thoracic 7 Adjustment of the seventh vertebrae located between the neck and the respiratory diaphragm
T8	Thoracic 8 Adjustment of the eighth vertebrae located between the neck and the respiratory diaphragm
T9	Thoracic 9 Adjustment of the ninth vertebrae located between the neck and the respiratory diaphragm

**Situatio**      **CR204**      **1367**      **Subluxation Level Code**      **O**      **ID 2/3**

Code identifying the specific level of subluxation  
 Required if additional subluxation is involved in claim to indicate a range (i.e., subluxation from CR203 to CR204).

ALIAS: Subluxation Level Code

NSF Reference: GC0-08.0

INDUSTRY: Subluxation Level Code

C1	Cervical 1 Adjustment of the first neck vertebrae
C2	Cervical 2 Adjustment of the second neck vertebrae
C3	Cervical 3 Adjustment of the third neck vertebrae
C4	Cervical 4 Adjustment of the fourth neck vertebrae
C5	Cervical 5 Adjustment of the fifth neck vertebrae
C6	Cervical 6 Adjustment of the sixth neck vertebrae
C7	Cervical 7 Adjustment of the seventh neck vertebrae
CO	Coccyx Adjustment of the caudal extremity of the vertebrae
IL	Ilium Adjustment of the expansive superior portion of the hip bone
L1	Lumbar 1 Adjustment of the first vertebrae between the thorax and the pelvis
L2	Lumbar 2 Adjustment of the second vertebrae between the thorax and the pelvis
L3	Lumbar 3 Adjustment of the third vertebrae between the thorax and the pelvis
L4	Lumbar 4

				Adjustment of the fourth vertebrae between the thorax and the pelvis		
			L5	Lumbar 5		
				Adjustment to the fifth vertebrae between the thorax and the pelvis		
			OC	Occiput		
				Adjustment of the back part of the neck		
			SA	Sacrum		
				Adjustment of the triangular bone just below the lumbar vertebrae		
			T1	Thoracic 1		
				Adjustment of the first vertebrae located between the neck and the respiratory diaphragm		
			T10	Thoracic 10		
				Adjustment of the tenth vertebrae located between the neck and the respiratory diaphragm		
			T11	Thoracic 11		
				Adjustment of the eleventh vertebrae located between the neck and the respiratory diaphragm		
			T12	Thoracic 12		
				Adjustment of the twelfth vertebrae located between the neck and the respiratory diaphragm		
			T2	Thoracic 2		
				Adjustment of the second vertebrae located between the neck and the respiratory diaphragm		
			T3	Thoracic 3		
				Adjustment of the third vertebrae located between the neck and the respiratory diaphragm		
			T4	Thoracic 4		
				Adjustment of the fourth vertebrae located between the neck and the respiratory diaphragm		
			T5	Thoracic 5		
				Adjustment of the fifth vertebrae located between the neck and the respiratory diaphragm		
			T6	Thoracic 6		
				Adjustment of the sixth vertebrae located between the neck and the respiratory diaphragm		
			T7	Thoracic 7		
				Adjustment of the seventh vertebrae located between the neck and the respiratory diaphragm		
			T8	Thoracic 8		
				Adjustment of the eighth vertebrae located between the neck and the respiratory diaphragm		
			T9	Thoracic 9		
				Adjustment of the ninth vertebrae located between the neck and the respiratory diaphragm		
<b>Required</b>	<b>CR205</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b>		<b>X</b>	<b>ID 2/2</b>
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken			
			INDUSTRY: Unit or Basis for Measurement Code			
			DA	Days		
			MO	Months		
			WK	Week		
			YR	Years		
<b>Required</b>	<b>CR206</b>	<b>380</b>	<b>Quantity</b>		<b>X</b>	<b>R 1/15</b>
			Numeric value of quantity			
P837V401 (004010X098)			280		August 8, 2001	



ALIAS: Treatment Series Period. Spinal Manipulation

NSF Reference: GC0-09.0

**Required**      **CR207**      **380**      **INDUSTRY: Treatment Period Count**  
**Quantity**      **O**      **R 1/15**

Numeric value of quantity

ALIAS: Treatment Number in Month. Spinal Manipulation

NSF Reference: GC0-10.0

**Required**      **CR208**      **1342**      **INDUSTRY: Monthly Treatment Count**  
**Nature of Condition Code**      **O**      **ID 1/1**

Code indicating the nature of a patient's condition

ALIAS: Nature of Condition Code. Spinal Manipulation

NSF Reference: GC0-11.0

INDUSTRY: Patient Condition Code

A      Acute Condition  
A disease of rapid onset, severe symptoms, and brief duration  
C      Chronic Condition  
A disease of long duration involving very slow changes; such a disease is often of gradual onset; the term does not imply anything about the severity of the disease  
D      Non-acute  
E      Non-Life Threatening  
F      Routine  
G      Symptomatic  
M      Acute Manifestation of a Chronic Condition  
A disease of long duration interrupted by a rapid onset of severe symptoms of brief duration

**Required**      **CR209**      **1073**      **Yes/No Condition or Response Code**      **O**      **ID 1/1**

Code indicating a Yes or No condition or response

ALIAS: Complication Indicator. Spinal Manipulation

NSF Reference: GC0-13.0

INDUSTRY: Complication Indicator

N      No  
Y      Yes

**Situatio**      **CR210**      **352**      **Description**      **O**      **AN 1/80**

A free-form description to clarify the related data elements and their content  
Used at discretion of submitter.

ALIAS: Patient Condition Description, Chiropractic

NSF Reference: GC0-14.0

**Situatio**      **CR211**      **352**      **INDUSTRY: Patient Condition Description**  
**Description**      **O**      **AN 1/80**

A free-form description to clarify the related data elements and their content  
Used at discretion of submitter.

ALIAS: Patient Condition Description, Chiropractic

DRAFT

NSF Reference: GC0-14.0

**Required**

**CR212**

**1073**

INDUSTRY: Patient Condition Description

**Yes/No Condition or Response Code**

**O ID 1/1**

Code indicating a Yes or No condition or response

ALIAS: X-ray Availability Indicator, Chiropractic

NSF Reference: GC0-15.0

INDUSTRY: X-ray Availability Indicator

N

No

Y

Yes

**Segment: CR3 Durable Medical Equipment Certification****Position:** 435**Loop:** 2400 Optional (Must Use)**Level:** Detail**Usage:** Optional**Max Use:** 1**Purpose:** To supply information regarding a physician's certification for durable medical equipment**Syntax Notes:** 1 If either CR302 or CR303 is present, then the other is required.**Semantic Notes:** 1 CR302 and CR303 specify the time period covered by this certification.

2 CR305 is the prognosis of the patient.

**Comments:****Notes:** Required if it is necessary to include supporting documentation in an electronic form for Medicare DMERC claims for which the provider is required to obtain a certificate of medical necessity (CMN) from the physician.**Data Element Summary**

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>CR301</b>	<b>1322</b>	<b>Certification Type Code</b>	<b>O ID 1/1</b>
			Code indicating the type of certification	
			NSF Reference: GU0-04.0	
			INDUSTRY: Certification Type Code	
			I Initial	
			R Renewal	
			S Revised	
<b>Required</b>	<b>CR302</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b>	<b>X ID 2/2</b>
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	
			INDUSTRY: Unit or Basis for Measurement Code	
			MO Months	
<b>Required</b>	<b>CR303</b>	<b>380</b>	<b>Quantity</b>	<b>X R 1/15</b>
			Numeric value of quantity	
			Length of time DME equipment is needed.	
			ALIAS: DME Duration	
			NSF Reference: GU0-21.0	
			INDUSTRY: Durable Medical Equipment Duration	
<b>Not Used</b>	<b>CR304</b>	<b>1335</b>	<b>Insulin Dependent Code</b>	<b>O ID 1/1</b>
			Code indicating the condition that demonstrates insulin dependence	
<b>Not Used</b>	<b>CR305</b>	<b>352</b>	<b>Description</b>	<b>O AN 1/80</b>
			A free-form description to clarify the related data elements and their content	

**Segment:** **CR5 Home Oxygen Therapy Information**  
**Position:** 445  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply information regarding certification of medical necessity for home oxygen therapy

**Syntax Notes:**  
**Semantic Notes:**

- 1 CR502 is the number of months covered by this certification.
- 2 CR505 is the reason for equipment.
- 3 CR506 is the oxygen flow rate in liters per minute.
- 4 CR507 is the number of times per day the patient must use oxygen.
- 5 CR508 is the number of hours per period of oxygen use.
- 6 CR509 is the special orders for the respiratory therapist.
- 7 CR510 is the arterial blood gas.
- 8 CR511 is the oxygen saturation.
- 9 CR516 is the oxygen flow rate for a portable oxygen system in liters per minute.

**Comments:**  
**Notes:** Required on all initial, renewal, and revision home oxygen therapy claims.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	CR501	1322	<b>Certification Type Code</b> Code indicating the type of certification ALIAS: Certification Type Code. Oxygen Therapy  NSF Reference: GX0-04.0  INDUSTRY: Certification Type Code I Initial R Renewal S Revised	O ID 1/1
Required	CR502	380	<b>Quantity</b> Numeric value of quantity ALIAS: Certification Period, Home Oxygen Therapy  NSF Reference: GX0-06.0	O R 1/15
Not Used	CR503	1348	INDUSTRY: Treatment Period Count <b>Oxygen Equipment Type Code</b> Code indicating the specific type of equipment being prescribed for the delivery of oxygen	O ID 1/1
Not Used	CR504	1348	<b>Oxygen Equipment Type Code</b> Code indicating the specific type of equipment being prescribed for the delivery of oxygen	O ID 1/1
Not Used	CR505	352	<b>Description</b> A free-form description to clarify the related data elements and their content	O AN 1/80
Not Used	CR506	380	<b>Quantity</b> Numeric value of quantity	O R 1/15
Not Used	CR507	380	<b>Quantity</b> Numeric value of quantity	O R 1/15
Not Used	CR508	380	<b>Quantity</b> Numeric value of quantity	O R 1/15
Not Used	CR509	352	<b>Description</b>	O AN 1/80

			A free-form description to clarify the related data elements and their content	
<b>Situatio</b>	<b>CR510</b>	<b>380</b>	<b>Quantity</b>	<b>O R 1/15</b>
			Numeric value of quantity	
			Either CR510 or CR511 is required.	
			Required on claims which report arterial blood gas.	
			ALIAS: Arterial Blood Gas	
			NSF Reference: GX0-22.0	
<b>Situatio</b>	<b>CR511</b>	<b>380</b>	<b>Quantity</b>	<b>O R 1/15</b>
			INDUSTRY: Arterial Blood Gas Quantity	
			Numeric value of quantity	
			Either CR510 or CR511 is required.	
			Required on claims which report oxygen saturation quantity.	
			ALIAS: Oxygen Saturation	
			NSF Reference: GX0-23.0	
<b>Required</b>	<b>CR512</b>	<b>1349</b>	<b>Oxygen Test Condition Code</b>	<b>O ID 1/1</b>
			Code indicating the conditions under which a patient was tested	
			ALIAS: Oxygen test condition code	
			NSF Reference: GX0-26.0	
			INDUSTRY: Oxygen Test Condition Code	
			E Exercising	
			R At rest on room air	
			S Sleeping	
<b>Situatio</b>	<b>CR513</b>	<b>1350</b>	<b>Oxygen Test Findings Code</b>	<b>O ID 1/1</b>
			Code indicating the findings of oxygen tests performed on a patient	
			Required if patient's arterial PO <sub>2</sub> is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate.	
			ALIAS: Oxygen test finding code	
			NSF Reference: GX0-27.0	
			INDUSTRY: Oxygen Test Findings Code	
			1 Dependent edema suggesting congestive heart failure	
<b>Situatio</b>	<b>CR514</b>	<b>1350</b>	<b>Oxygen Test Findings Code</b>	<b>O ID 1/1</b>
			Code indicating the findings of oxygen tests performed on a patient	
			Required if patient's arterial PO <sub>2</sub> is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate.	
			ALIAS: Oxygen test finding code	
			NSF Reference: GX0-27.0	
			INDUSTRY: Oxygen Test Findings Code	
			2 "P" Pulmonale on Electrocardiogram (EKG)	

<b>Situatio</b>	<b>CR515</b>	<b>1350</b>	<b>Oxygen Test Findings Code</b> <b>O ID 1/1</b> Code indicating the findings of oxygen tests performed on a patient Required if patient's arterial PO<v>2 is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate.  ALIAS: Oxygen test finding code  NSF Reference: GX0-27.0  INDUSTRY: Oxygen Test Findings Code 3 Erythrocythemia with a hematocrit greater than 56 percent
<b>Not Used</b>	<b>CR516</b>	<b>380</b>	<b>Quantity</b> <b>O R 1/15</b> Numeric value of quantity
<b>Not Used</b>	<b>CR517</b>	<b>1382</b>	<b>Oxygen Delivery System Code</b> <b>O ID 1/1</b> Code to indicate if a particular form of delivery was prescribed
<b>Not Used</b>	<b>CR518</b>	<b>1348</b>	<b>Oxygen Equipment Type Code</b> <b>O ID 1/1</b> Code indicating the specific type of equipment being prescribed for the delivery of oxygen

<b>Segment:</b>	<b>CRC Ambulance Certification</b>
<b>Position:</b>	450
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	3
<b>Purpose:</b>	To supply information on conditions
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	<ol style="list-style-type: none"> <li>1 CRC01 qualifies CRC03 through CRC07.</li> <li>2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.</li> </ol>
<b>Comments:</b>	
<b>Notes:</b>	The maximum number of CRC segments which can occur per 2400 loop is 3. Submitters are free to mix and match the three types of service line level CRC segments shown in this implementation guide to meet their billing/reporting needs but no more than a total of 3 CRC segments per 2400 loop are allowed.

Required on all service lines which bill/report ambulance services if the information is different when CRC01=07 in Loop ID-2300.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>CRC01</b>	<b>1136</b>	<b>Code Category</b> Specifies the situation or category to which the code applies INDUSTRY: Code Category 07 Ambulance Certification	<b>M ID 2/2</b>
<b>Required</b>	<b>CRC02</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response ALIAS: Certification Condition Code, Ambulance Certification INDUSTRY: Certification Condition Indicator N No Y Yes	<b>M ID 1/1</b>
<b>Required</b>	<b>CRC03</b>	<b>1321</b>	<b>Condition Indicator</b> Code indicating a condition The codes for CRC03 also can be used for CRC04 through CRC07. ALIAS: Condition Indicator INDUSTRY: Condition Code 01 Patient was admitted to a hospital GA0-06.0 02 Patient was bed confined before the ambulance service GA0-08.0 03 Patient was bed confined after the ambulance service GA0-09.0 04 Patient was moved by stretcher GA0-10.0 05 Patient was unconscious or in shock GA0-11.0 06 Patient was transported in an emergency situation GA0-12.0 07 Patient had to be physically restrained	<b>M ID 2/2</b>

			GA0-13.0	
		08	Patient had visible hemorrhaging	
			GA0-14.0	
		09	Ambulance service was medically necessary	
			GA0-16.0	
		60	Transportation Was To the Nearest Facility	
			GA0-24.0	
<b>Situatio</b>	<b>CRC04</b>	<b>1321</b>	<b>Condition Indicator</b>	<b>O ID 2/2</b>
			Code indicating a condition	
			Required if additional condition codes are needed.	
			Use the codes listed in CRC03.	
			ALIAS: Condition Indicator	
<b>Situatio</b>	<b>CRC05</b>	<b>1321</b>	INDUSTRY: Condition Code <b>Condition Indicator</b>	<b>O ID 2/2</b>
			Code indicating a condition	
			Required if additional condition codes are needed.	
			Use the codes listed in CRC03.	
			ALIAS: Condition Indicator	
<b>Situatio</b>	<b>CRC06</b>	<b>1321</b>	INDUSTRY: Condition Code <b>Condition Indicator</b>	<b>O ID 2/2</b>
			Code indicating a condition	
			Required if additional condition codes are needed.	
			Use the codes listed in CRC03.	
			ALIAS: Condition Indicator	
<b>Situatio</b>	<b>CRC07</b>	<b>1321</b>	INDUSTRY: Condition Code <b>Condition Indicator</b>	<b>O ID 2/2</b>
			Code indicating a condition	
			Required if additional condition codes are needed.	
			Use the codes listed in CRC03.	
			ALIAS: Condition Indicator	
			INDUSTRY: Condition Code	



<b>Segment:</b>	<b>CRC Hospice Employee Indicator</b>
<b>Position:</b>	450
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply information on conditions
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	<b>1</b> CRC01 qualifies CRC03 through CRC07. <b>2</b> CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.
<b>Comments:</b>	
<b>Notes:</b>	<p>The example shows the method used to indicate whether the rendering provider is an employee of the hospice.</p> <p>The maximum number of CRC segments which can occur per 2400 loop is 3. Submitters are free to mix and match the three types of service line level CRC segments shown in this implementation guide to meet their billing/reporting needs but no more than a total of 3 CRC segments per 2400 loop are allowed.</p> <p>Required on all Medicare claims involving physician services to hospice patients.</p>

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element Name</b>	
<b>Required</b>	<b>CRC01</b>	<b>1136 Code Category</b>	<b>M ID 2/2</b>
		Specifies the situation or category to which the code applies	
		INDUSTRY: Code Category	
		70 Hospice	
<b>Required</b>	<b>CRC02</b>	<b>1073 Yes/No Condition or Response Code</b>	<b>M ID 1/1</b>
		Code indicating a Yes or No condition or response	
		A "Y" value indicates the provider is employed by the hospice. A "N" value indicates the provider is not employed by the hospice.	
		ALIAS: Hospice Employee Indicator	
		NSF Reference: FA0-40.0	
		INDUSTRY: Hospice Employed Provider Indicator	
		N No	
		Y Yes	
<b>Required</b>	<b>CRC03</b>	<b>1321 Condition Indicator</b>	<b>M ID 2/2</b>
		Code indicating a condition	
		INDUSTRY: Condition Indicator	
		65 Open	
		Use this code as a place holder (element is mandatory) when reporting whether the provider is a hospice employee.	
<b>Not Used</b>	<b>CRC04</b>	<b>1321 Condition Indicator</b>	<b>O ID 2/2</b>
		Code indicating a condition	
<b>Not Used</b>	<b>CRC05</b>	<b>1321 Condition Indicator</b>	<b>O ID 2/2</b>
		Code indicating a condition	
<b>Not Used</b>	<b>CRC06</b>	<b>1321 Condition Indicator</b>	<b>O ID 2/2</b>
		Code indicating a condition	
<b>Not Used</b>	<b>CRC07</b>	<b>1321 Condition Indicator</b>	<b>O ID 2/2</b>



<b>Segment:</b>	<b>CRC</b>	<b>DMERC Condition Indicator</b>
<b>Position:</b>	450	
<b>Loop:</b>	2400	Optional (Must Use)
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	2	
<b>Purpose:</b>	To supply information on conditions	
<b>Syntax Notes:</b>		
<b>Semantic Notes:</b>	<ol style="list-style-type: none"> <li>1 CRC01 qualifies CRC03 through CRC07.</li> <li>2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.</li> </ol>	
<b>Comments:</b>		
<b>Notes:</b>	Required on all oxygen therapy and DME claims that require a certificate of medical necessity (CMN).	

The maximum number of CRC segments which can occur per 2400 loop is 3. Submitters are free to mix and match the three types of service line level CRC segments shown in this implementation guide to meet their billing/reporting needs but no more than a total of 3 CRC segments per 2400 loop are allowed.

The first example shows a case where an item billed was not a replacement item.

<b>Data Element Summary</b>				
	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>Des.</b>	<b>Element</b>		
	<b>CRC01</b>	<b>1136</b>	<b>Code Category</b>	<b>M ID 2/2</b>
			Specifies the situation or category to which the code applies	
			INDUSTRY: Code Category	
			09 Durable Medical Equipment Certification	
			Prescription describing the need for durable medical equipment; usually included are the diagnosis and estimated duration of need	
			11 Oxygen Therapy Certification	
<b>Required</b>	<b>CRC02</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>M ID 1/1</b>
			Code indicating a Yes or No condition or response	
			ALIAS: Certification Condition Code Applies Indicator	
			INDUSTRY: Certification Condition Indicator	
			N No	
			Y Yes	
<b>Required</b>	<b>CRC03</b>	<b>1321</b>	<b>Condition Indicator</b>	<b>M ID 2/2</b>
			Code indicating a condition	
			Use "P1" (GX0-20.0) to answer the Medicare Oxygen CMN question: "The test was performed either with the patient in a chronic stable state as an outpatient or within two days prior to discharge from an inpatient facility to home."	
			Code ZV was approved by ASC X12 in the version 004011 Data Dictionary but is included in this guide to provide standard way to report DMERC claims within the HIPAA implementation time frame. It is recommended that entities who have a need to submit or receive DMERC claims customize their 004010 translator map to allow this exception code.	
			ALIAS: Condition Indicator	
			INDUSTRY: Condition Indicator	

37 Oxygen delivery equipment is stationary  
GX0-05.0

38 Certification signed by the physician is on file at the  
supplier's office  
GX0-35.0  
GU0-24.0

AL Ambulation Limitations  
GX0-05.0

P1 Patient was Discharged from the First Facility  
GX0-20.0

ZV  
GU0-06.0

**Situatio CRC04 1321 Condition Indicator O ID 2/2**

Code indicating a condition  
Required if additional condition codes are needed.

Use the codes listed in CRC03.

ALIAS: Condition Indicator

**Situatio CRC05 1321 Condition Indicator O ID 2/2**

INDUSTRY: Condition Indicator  
Code indicating a condition  
Required if additional condition codes are needed.

Use the codes listed in CRC03.

ALIAS: Condition Indicator

**Situatio CRC06 1321 Condition Indicator O ID 2/2**

INDUSTRY: Condition Indicator  
Code indicating a condition  
Required if additional condition codes are needed.

Use the codes listed in CRC03.

ALIAS: Condition Indicator

**Situatio CRC07 1321 Condition Indicator O ID 2/2**

INDUSTRY: Condition Indicator  
Code indicating a condition  
Required if additional condition codes are needed.

Use the codes listed in CRC03.

ALIAS: Condition Indicator

INDUSTRY: Condition Indicator

<b>Segment:</b>	<b>DTP</b> <b>Date - Service Date</b>
<b>Position:</b>	455
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Detail
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify any or all of a date, a time, or a time period
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	<b>1</b> DTP02 is the date or time or period format that will appear in DTP03.
<b>Comments:</b>	
<b>Notes:</b>	The total number of DTP segments in the 2400 loop cannot exceed 15.

In cases where a drug is being billed on a service line, the Date of Service DTP may be used to indicate the range of dates through which the drug will be used by the patient. Use RD8 for this purpose.

In cases where a drug is being billed on a service line, the Date of Service DTP is used to indicate the date the prescription was written (or otherwise communicated by the prescriber if not written).

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			472 Service	
			Begin and end dates of the service being rendered	
			Use RD8 in DTP02 to indicate begin/end or from/to dates.	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
			RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
			A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date	
			Use RD8 if it is necessary to indicate begin/end dates.	
			Date range indicates drug duration for which the supply of drug be will used by the patient. The difference in dates, including both the begin and end dates, are the days supply of the drug. Example: 20000101 - 20000107 (1/1/00 to 1/7/00) is used for a 7 day supply where the first day of the drug used by the patient is 1/1/00. In the event a drug is administered on less than a daily basis (e.g., every other day) the date range would include the entire period during which the drug was supplied, including the last day the drug was used. Example: 20000101 - 20000108 (1/1/00 to 1/8/00) is used for an 8 days supply where the prescription is written for Q48 (every 48 hours), four doses of the drug are dispensed and the first dose is used on 1/1/00.	

DRAFT

**Required**

**DTP03**

**1251**

**Date Time Period**

**M AN 1/35**

Expression of a date, a time, or range of dates, times or dates and times

NSF Reference: FA0-05.0, FA0-06.0

INDUSTRY: Service Date

**Segment:** **DTP** **Date - Certification Revision Date**

**Position:** 455

**Loop:** 2400 Optional (Must Use)

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required if CR301 (DMERC Certification) = "R" or "S".

The total number of DTP segments in the 2400 loop cannot exceed 15.

Data Element Summary				
	Ref. Des.	Data Element	Name	Attributes
Required	DTP01	374	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
		607	Certification Revision	
Required	DTP02	1250	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
		D8	Date Expressed in Format CCYYMMDD	
Required	DTP03	1251	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: GU0-20.0, GX0-11.0	
			INDUSTRY: Certification Revision Date	

**Segment:** **DTP** **Date - Referral Date**

**Position:** 455

**Loop:** 2400 Optional (Must Use)

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required when service line includes a referral.

The total number of DTP segments in the 2400 loop cannot exceed 15.

Data Element Summary				
	Ref. Des.	Data Element	Name	Attributes
Required	DTP01	374	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			330 Referral Date	
			The date when an educational official or teacher recommends that a student be evaluated for placement in a special education or other program	
Required	DTP02	1250	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
Required	DTP03	1251	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			INDUSTRY: Referral Date	



**Segment:** **DTP** **Date - Begin Therapy Date**

**Position:** 455

**Loop:** 2400 Optional (Must Use)

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required if it is necessary to include supporting documentation in an electronic form for Medicare DMERC claims for which the provider is required to obtain a certificate of medical necessity (CMN) from the physician.

The total number of DTP segments in the 2400 loop cannot exceed 15.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			463 Begin Therapy	
			Date treatment of physical or mental disorder started	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: GU0-19.0, GX0-10.0	
			INDUSTRY: Begin Therapy Date	

<b>Segment:</b>	<b>DTP</b>	<b>Date - Last Certification Date</b>
<b>Position:</b>	455	
<b>Loop:</b>	2400	Optional (Must Use)
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify any or all of a date, a time, or a time period	
<b>Syntax Notes:</b>		
<b>Semantic Notes:</b>	<b>1</b> DTP02 is the date or time or period format that will appear in DTP03.	
<b>Comments:</b>		
<b>Notes:</b>	Required if it is necessary to include supporting documentation in an electronic form for Medicare DMERC claims for which the provider is required to obtain a certificate of medical necessity (CMN) from the physician.	
	Required on oxygen therapy certificates of medical necessity (CMN). This is the date the ordering physician signed the CMN.	
	The total number of DTP segments in the 2400 loop cannot exceed 15.	

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			461 Last Certification	
			Date of the most recent document attesting to a fact	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: GX0-11.0, GU0-22.0	
			INDUSTRY: Last Certification Date	

**Segment:** **DTP** **Date - Order Date**  
**Position:** 455  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Required when service line includes an order for services or supplies.

The total number of DTP segments in the 2400 loop cannot exceed 15.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			938 Order	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			INDUSTRY: Order Date	

<b>Segment:</b>	<b>DTP</b> Date - Date Last Seen
<b>Position:</b>	455
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify any or all of a date, a time, or a time period
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	<b>1</b> DTP02 is the date or time or period format that will appear in DTP03.
<b>Comments:</b>	
<b>Notes:</b>	Required when claim is from an independent physical therapist, occupational therapist, or physician providing routine footcare if the date last seen by an attending or supervising physician is different from that listed at the claim level (Loop ID-2300).

The total number of DTP segments in the 2400 loop cannot exceed 15.

Data Element Summary				
	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			304 Latest Visit or Consultation	
			Date subscriber or dependent last visited or consulted with a physician	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: EA0-48.0	
			INDUSTRY: Last Seen Date	

**Segment:** **DTP** Date - Test

**Position:** 455

**Loop:** 2400 Optional (Must Use)

**Level:** Detail

**Usage:** Optional

**Max Use:** 2

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required on initial EPO claims service lines where test results are being billed/reported.

The total number of DTP segments in the 2400 loop cannot exceed 15.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			738 Most Recent Hemoglobin or Hematocrit or Both	
			739 Most Recent Serum Creatine	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: FA0-41.0, FA0-46.0	
			INDUSTRY: Test Performed Date	

**Segment:** **DTP** **Date - Oxygen Saturation/Arterial Blood Gas Test**

**Position:** 455

**Loop:** 2400 Optional (Must Use)

**Level:** Detail

**Usage:** Optional

**Max Use:** 3

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required on initial oxygen therapy service line(s) involving certificate of medical necessity (CMN).

The total number of DTP segments in the 2400 loop cannot exceed 15.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
		119	Test Performed	
			Use for any 4 liter/minute test date. Results for this test date are reported in MEA03 using either the GRA or ZO qualifiers in MEA02.	
		480	Arterial Blood Gas Test	
			Date of test to determine gas content in blood circulating from the heart, at rest, breathing room air	
			Do not use to report any 4 liter/minute test date. Results for the arterial blood gas test are reported in CR510.	
		481	Oxygen Saturation Test	
			Date on which oxygen saturation testing occurred	
			Do not use to report any 4 liter/minute test date. Results for the oxygen saturation test are reported in CR511.	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
		D8	Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: GX0-19.0, GX0-24.0	
			INDUSTRY: Oxygen Saturation Test Date	

**Segment:** **DTP** **Date - Shipped**

**Position:** 455

**Loop:** 2400 Optional (Must Use)

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required when billing/reporting shipped products.

The total number of DTP segments in the 2400 loop cannot exceed 15.

Data Element Summary				
	Ref. Des.	Data Element	Name	Attributes
Required	DTP01	374	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			011 Shipped	
Required	DTP02	1250	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
Required	DTP03	1251	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			INDUSTRY: Shipped Date	

**Segment:** **DTP** **Date - Onset of Current Symptom/Illness**  
**Position:** 455  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Required if different from that entered at claim level (Loop ID-2300).

Required on claims involving services to a patient experiencing symptoms similar or identical to previously reported symptoms.

The total number of DTP segments in the 2400 loop cannot exceed 15.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Attributes</b>
	<b><u>Des.</u></b>	<b><u>Element</u> <u>Name</u></b>	<b><u>M</u> <u>ID</u></b>
<b>Required</b>	<b>DTP01</b>	<b>374 Date/Time Qualifier</b>	<b>M ID 3/3</b>
		Code specifying type of date or time, or both date and time	
		INDUSTRY: Date Time Qualifier	
		431 Onset of Current Symptoms or Illness	
		Date first symptoms appeared	
<b>Required</b>	<b>DTP02</b>	<b>1250 Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
		Code indicating the date format, time format, or date and time format	
		INDUSTRY: Date Time Period Format Qualifier	
		D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251 Date Time Period</b>	<b>M AN 1/35</b>
		Expression of a date, a time, or range of dates, times or dates and times	
		NSF Reference: EA0-07.0, EA0-16.0	
		INDUSTRY: Onset Date	



<b>Segment:</b>	<b>DTP</b> <b>Date - Last X-ray</b>
<b>Position:</b>	455
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify any or all of a date, a time, or a time period
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	<b>1</b> DTP02 is the date or time or period format that will appear in DTP03.
<b>Comments:</b>	
<b>Notes:</b>	Required for spinal manipulation certifications if different than information at claim level (Loop ID-2300).

The total number of DTP segments in the 2400 loop cannot exceed 15.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			455 Last X-Ray	
			Date of the most recent x-ray	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: GC0-06.0	
			INDUSTRY: Last X-Ray Date	

**Segment:** **DTP** **Date - Acute Manifestation**

**Position:** 455

**Loop:** 2400 Optional (Must Use)

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required for spinal manipulation certifications if different than information at claim level (Loop ID-2300).

The total number of DTP segments in the 2400 loop cannot exceed 15.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>	<b>Name</b>
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>
			Code specifying type of date or time, or both date and time
			INDUSTRY: Date Time Qualifier
			453 Acute Manifestation of a Chronic Condition
			Date serious symptoms were exhibited for a long term illness
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>
			Code indicating the date format, time format, or date and time format
			INDUSTRY: Date Time Period Format Qualifier
			D8 Date Expressed in Format CCYYMMDD
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>
			Expression of a date, a time, or range of dates, times or dates and times
			NSF Reference: GC0-12.0
			INDUSTRY: Acute Manifestation Date

**Segment:** **DTP** **Date - Initial Treatment**

**Position:** 455

**Loop:** 2400 Optional (Must Use)

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required for spinal manipulation certifications if different than information at claim level (Loop ID-2300).

The total number of DTP segments in the 2400 loop cannot exceed 15.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element Name</b>	
<b>Required</b>	<b>DTP01</b>	<b>374 Date/Time Qualifier</b>	<b>M ID 3/3</b>
		Code specifying type of date or time, or both date and time	
		INDUSTRY: Date Time Qualifier	
		454 Initial Treatment	
		Date medical treatment first began	
<b>Required</b>	<b>DTP02</b>	<b>1250 Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
		Code indicating the date format, time format, or date and time format	
		INDUSTRY: Date Time Period Format Qualifier	
		D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251 Date Time Period</b>	<b>M AN 1/35</b>
		Expression of a date, a time, or range of dates, times or dates and times	
		NSF Reference: GC0-05.0	
		INDUSTRY: Initial Treatment Date	

<b>Segment:</b>	<b>DTP</b>	<b>Date - Similar Illness/Symptom Onset</b>
<b>Position:</b>	455	
<b>Loop:</b>	2400	Optional (Must Use)
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify any or all of a date, a time, or a time period	
<b>Syntax Notes:</b>		
<b>Semantic Notes:</b>	<b>1</b> DTP02 is the date or time or period format that will appear in DTP03.	
<b>Comments:</b>		
<b>Notes:</b>	Required if line value is different than value given at claim level (Loop ID-2300) and claim involves services to a patient experiencing symptoms similar or identical to previously reported symptoms.	

The total number of DTP segments in the 2400 loop cannot exceed 15.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	DTP01	374	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
		438	Onset of Similar Symptoms or Illness	
			Date symptoms related to current illness first appeared	
Required	DTP02	1250	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
		D8	Date Expressed in Format CCYYMMDD	
Required	DTP03	1251	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			INDUSTRY: Similar Illness or Symptom Date	

**Segment:** **QTY** Anesthesia Modifying Units

**Position:** 460

**Loop:** 2400 Optional (Must Use)

**Level:** Detail

**Usage:** Optional

**Max Use:** 5

**Purpose:** To specify quantity information

**Syntax Notes:**

- 1 At least one of QTY02 or QTY04 is required.
- 2 Only one of QTY02 or QTY04 may be present.

**Semantic Notes:**

- 1 QTY04 is used when the quantity is non-numeric.

**Comments:**

**Notes:** Required on anesthesia service lines if one or more of the extenuating circumstances coded in QTY01 was present at the time of service.

**Data Element Summary**

Ref.	Data			
Des.	Element	Name	Attributes	
Required	QTY01	673	Quantity Qualifier	M ID 2/2
			Code specifying the type of quantity	
			INDUSTRY: Quantity Qualifier	
		BF	Age Modifying Units	
			Anesthesia modifying units requested for anesthesia complicated by extreme age of patient, under one year or over seventy years	
		EC	Use of Extracorporeal Circulation	
			Anesthesia modifying unit requested for anesthesia complicated by extra-corporeal circulation heart pump oxygenator bypass or pump assist which is not a usual part of the surgical procedure	
		EM	Emergency Modifying Units	
			Anesthesia modifying units requested for anesthesia complicated by emergency conditions; an emergency is defined as existing when delay in treatment of the patient would lead to a significant threat to life or body part	
		HM	Use of Hypothermia	
			Anesthesia modifying units requested for anesthesia complicated by total body hypothermia	
		HO	Use of Hypotension	
			Anesthesia modifying units requested for anesthesia complicated by utilization of controlled hypotension	
		HP	Use of Hyperbaric Pressurization	
			Anesthesia modifying units requested for anesthesia complicated by use of hyperbaric pressure	
		P3	Physical Status III	
			Anesthesia modifying units requested for Physical Status III patient, as defined by the American Society of Anesthesiologists	
		P4	Physical Status IV	
			Anesthesia modifying units requested for Physical Status IV patient, as defined by the American Society of Anesthesiologists	
		P5	Physical Status V	
			Anesthesia modifying units requested for Physical Status V, as defined by the American Society of Anesthesiologists	
		SG	Swan-Ganz	
			Anesthesia modifying units requested for the insertion of	

a Swan-Ganz catheter attendant to the administration of anesthesia

<b>Required</b>	<b>QTY02</b>	<b>380</b>	<b>Quantity</b> Numeric value of quantity ALIAS: Anesthesia Modifying Units	<b>X</b>	<b>R 1/15</b>
<b>Not Used</b>	<b>QTY03</b>	<b>C001</b>	INDUSTRY: Anesthesia Modifying Units <b>Composite Unit of Measure</b> To identify a composite unit of measure (See Figures Appendix for examples of use)	<b>O</b>	
<b>Not Used</b>	<b>C00101</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	<b>M</b>	<b>ID 2/2</b>
<b>Not Used</b>	<b>C00102</b>	<b>1018</b>	<b>Exponent</b> Power to which a unit is raised	<b>O</b>	<b>R 1/15</b>
<b>Not Used</b>	<b>C00103</b>	<b>649</b>	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	<b>O</b>	<b>R 1/10</b>
<b>Not Used</b>	<b>C00104</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	<b>O</b>	<b>ID 2/2</b>
<b>Not Used</b>	<b>C00105</b>	<b>1018</b>	<b>Exponent</b> Power to which a unit is raised	<b>O</b>	<b>R 1/15</b>
<b>Not Used</b>	<b>C00106</b>	<b>649</b>	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	<b>O</b>	<b>R 1/10</b>
<b>Not Used</b>	<b>C00107</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	<b>O</b>	<b>ID 2/2</b>
<b>Not Used</b>	<b>C00108</b>	<b>1018</b>	<b>Exponent</b> Power to which a unit is raised	<b>O</b>	<b>R 1/15</b>
<b>Not Used</b>	<b>C00109</b>	<b>649</b>	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	<b>O</b>	<b>R 1/10</b>
<b>Not Used</b>	<b>C00110</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	<b>O</b>	<b>ID 2/2</b>
<b>Not Used</b>	<b>C00111</b>	<b>1018</b>	<b>Exponent</b> Power to which a unit is raised	<b>O</b>	<b>R 1/15</b>
<b>Not Used</b>	<b>C00112</b>	<b>649</b>	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	<b>O</b>	<b>R 1/10</b>
<b>Not Used</b>	<b>C00113</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	<b>O</b>	<b>ID 2/2</b>
<b>Not Used</b>	<b>C00114</b>	<b>1018</b>	<b>Exponent</b> Power to which a unit is raised	<b>O</b>	<b>R 1/15</b>
<b>Not Used</b>	<b>C00115</b>	<b>649</b>	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	<b>O</b>	<b>R 1/10</b>
<b>Not Used</b>	<b>QTY04</b>	<b>61</b>	<b>Free-Form Message</b> Free-form information	<b>X</b>	<b>AN 1/30</b>

<b>Segment:</b>	<b>MEA</b> Test Result
<b>Position:</b>	462
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	20
<b>Purpose:</b>	To specify physical measurements or counts, including dimensions, tolerances, variances, and weights (See Figures Appendix for example of use of C001)
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of MEA03 MEA05 MEA06 or MEA08 is required.</li> <li>2 If MEA05 is present, then MEA04 is required.</li> <li>3 If MEA06 is present, then MEA04 is required.</li> <li>4 If MEA07 is present, then at least one of MEA03 MEA05 or MEA06 is required.</li> <li>5 Only one of MEA08 or MEA03 may be present.</li> </ol>
<b>Semantic Notes:</b>	1 MEA04 defines the unit of measure for MEA03, MEA05, and MEA06.
<b>Comments:</b>	1 When citing dimensional tolerances, any measurement requiring a sign (+ or -), or any measurement where a positive (+) value cannot be assumed, use MEA05 as the negative (-) value and MEA06 as the positive (+) value.
<b>Notes:</b>	Required on service lines which bill/report the following: Concentration, Hemoglobin, Hematocrit, Epoetin Starting Dosage, Creatin, and Oxygen.

## Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>MEA01</b>	<b>737</b>	<b>Measurement Reference ID Code</b>	<b>O ID 2/2</b>
			Code identifying the broad category to which a measurement applies	
			ALIAS: Measurement identifier	
			INDUSTRY: Measurement Reference Identification Code	
			OG Original	
			Starting dosage	
			TR Test Results	
			Indicates that the data to follow are the results test measurements	
<b>Required</b>	<b>MEA02</b>	<b>738</b>	<b>Measurement Qualifier</b>	<b>O ID 1/3</b>
			Code identifying a specific product or process characteristic to which a measurement applies	
			INDUSTRY: Measurement Qualifier	
			CON Concentration	
			The relative amount of a component of a sample of product containing multiple components	
			GRA Gas Test Rate	
			Volume of gas produced from a well during a 24-hour test period	
			HT Height	
			R1 Hemoglobin	
			R2 Hematocrit	
			R3 Epoetin Starting Dosage	
			R4 Creatin	
			ZO Oxygen	
<b>Required</b>	<b>MEA03</b>	<b>739</b>	<b>Measurement Value</b>	<b>X R 1/20</b>
			The value of the measurement	
			ALIAS: Test Results	
			NSF Reference: FA0-42.0 - Hemoglobin, FA0-43.0 - Hematocrit, FA0-45.0 - Epoetin Starting Dosage, FA0-47.0 - Creatin, GX0-17.0 - Arterial Blood Gas on 4 liters/minute, GX0-18.0 - Oxygen Saturation on 4 liters/minute, GU0-16.0	

## - Patient Height

			INDUSTRY: Test Results	
Not Used	MEA04	C001	<b>Composite Unit of Measure</b>	X
To identify a composite unit of measure (See Figures Appendix for examples of use)				
Not Used	C00101	355	<b>Unit or Basis for Measurement Code</b>	M ID 2/2
Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken				
Not Used	C00102	1018	<b>Exponent</b>	O R 1/15
Power to which a unit is raised				
Not Used	C00103	649	<b>Multiplier</b>	O R 1/10
Value to be used as a multiplier to obtain a new value				
Not Used	C00104	355	<b>Unit or Basis for Measurement Code</b>	O ID 2/2
Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken				
Not Used	C00105	1018	<b>Exponent</b>	O R 1/15
Power to which a unit is raised				
Not Used	C00106	649	<b>Multiplier</b>	O R 1/10
Value to be used as a multiplier to obtain a new value				
Not Used	C00107	355	<b>Unit or Basis for Measurement Code</b>	O ID 2/2
Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken				
Not Used	C00108	1018	<b>Exponent</b>	O R 1/15
Power to which a unit is raised				
Not Used	C00109	649	<b>Multiplier</b>	O R 1/10
Value to be used as a multiplier to obtain a new value				
Not Used	C00110	355	<b>Unit or Basis for Measurement Code</b>	O ID 2/2
Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken				
Not Used	C00111	1018	<b>Exponent</b>	O R 1/15
Power to which a unit is raised				
Not Used	C00112	649	<b>Multiplier</b>	O R 1/10
Value to be used as a multiplier to obtain a new value				
Not Used	C00113	355	<b>Unit or Basis for Measurement Code</b>	O ID 2/2
Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken				
Not Used	C00114	1018	<b>Exponent</b>	O R 1/15
Power to which a unit is raised				
Not Used	C00115	649	<b>Multiplier</b>	O R 1/10
Value to be used as a multiplier to obtain a new value				
Not Used	MEA05	740	<b>Range Minimum</b>	X R 1/20
The value specifying the minimum of the measurement range				
Not Used	MEA06	741	<b>Range Maximum</b>	X R 1/20
The value specifying the maximum of the measurement range				
Not Used	MEA07	935	<b>Measurement Significance Code</b>	O ID 2/2
Code used to benchmark, qualify or further define a measurement value				
Not Used	MEA08	936	<b>Measurement Attribute Code</b>	X ID 2/2
Code used to express an attribute response when a numeric measurement value cannot be determined				
Not Used	MEA09	752	<b>Surface/Layer/Position Code</b>	O ID 2/2
Code indicating the product surface, layer or position that is being described				
Not Used	MEA10	1373	<b>Measurement Method or Device</b>	O ID 2/4



DRAFT

The method or device used to record the measurement

<b>Segment:</b>	<b>CN1</b>	<b>Contract Information</b>
<b>Position:</b>	465	
<b>Loop:</b>	2400	Optional (Must Use)
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify basic data about the contract or contract line item	
<b>Syntax Notes:</b>		
<b>Semantic Notes:</b>	<ol style="list-style-type: none"> <li>1 CN102 is the contract amount.</li> <li>2 CN103 is the allowance or charge percent.</li> <li>3 CN104 is the contract code.</li> <li>4 CN106 is an additional identifying number for the contract.</li> </ol>	
<b>Comments:</b>		
<b>Notes:</b>	Information contained at this level overwrites CN1 information at the claim level for this specific service line.	

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>CN101</b>	<b>1166</b>	<b>Contract Type Code</b>	<b>M ID 2/2</b>
Code identifying a contract type				
The developers of this implementation guide recommend always providing CN101 for capitated encounters.				
ALIAS: Contract type code				
INDUSTRY: Contract Type Code				
		01	Diagnosis Related Group (DRG)	
			A patient classification scheme, which provides means of relating the type of patients a hospital treats to the costs incurred by the hospital, to determine quality of care and utilization of services in a hospital setting	
		02	Per Diem	
			A contract which allows certain charges to be on a rate per day basis	
		03	Variable Per Diem	
			A contract which allows certain charges to be on a rate per day basis, where the rate may not remain constant	
		04	Flat	
			A contract between the provider of service and the destination payor whereby the flat rate charges may differ from the total itemized charges	
		05	Capitated	
			A contract between the provider of service and the destination payor which allows payment to the provider of service on a per member per month basis	
		06	Percent	
		09	Other	
<b>Situatio</b>	<b>CN102</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O R 1/18</b>
Monetary amount				
Required if information is different than that given at claim level (Loop ID-2300).				
ALIAS: Contract Amount				
INDUSTRY: Contract Amount				
<b>Situatio</b>	<b>CN103</b>	<b>332</b>	<b>Percent</b>	<b>O R 1/6</b>

Percent expressed as a percent

Required if information is different than that given at claim level (Loop ID-2300).

ALIAS: Contract Allowance or Charge Percent

<b>Situatio</b>	<b>CN104</b>	<b>127</b>	INDUSTRY: Contract Percentage <b>Reference Identification</b> <span style="float: right;"><b>O AN 1/30</b></span> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Required if information is different than that given at claim level (Loop ID-2300).
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ALIAS: Contract Code

<b>Situatio</b>	<b>CN105</b>	<b>338</b>	INDUSTRY: Contract Code <b>Terms Discount Percent</b> <span style="float: right;"><b>O R 1/6</b></span> Terms discount percentage, expressed as a percent, available to the purchaser if an invoice is paid on or before the Terms Discount Due Date Required if information is different than that given at claim level (Loop ID-2300).
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ALIAS: Terms discount percent

<b>Situatio</b>	<b>CN106</b>	<b>799</b>	INDUSTRY: Terms Discount Percentage <b>Version Identifier</b> <span style="float: right;"><b>O AN 1/30</b></span> Revision level of a particular format, program, technique or algorithm Required if information is different than that given at claim level (Loop ID-2300).
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ALIAS: Contract Version

INDUSTRY: Contract Version Identifier

<b>Segment:</b>	<b>REF</b>	<b>Repriced Line Item Reference Number</b>
<b>Position:</b>	470	
<b>Loop:</b>	2400	Optional (Must Use)
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	This segment is intended to be used exclusively by repricing (pricing) organizations who have a need to identify a certain line in their claim submission transmission to their payer organization.	

## Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 9B Repriced Line Item Reference Number	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Repriced Line Item Reference Number	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>

<b>Segment:</b>	<b>REF</b> Adjusted Repriced Line Item Reference Number
<b>Position:</b>	470
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	This segment is intended to be used exclusively by repricing (pricing) organizations who have a need to identify a certain line in their claim submission transmission to their payer organization.

## Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 9D Adjusted Repriced Line Item Reference Number	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Adjusted Repriced Line Item Reference Number	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>

<b>Segment:</b>	<b>REF</b>	<b>Prior Authorization or Referral Number</b>
<b>Position:</b>	470	
<b>Loop:</b>	2400	Optional (Must Use)
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	2	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required if service line involved a prior authorization number or referral number that is different than the number reported at the claim level (Loop-ID 2300).	

Data Element Summary				
	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 9F Referral Number G1 Prior Authorization Number An authorization number acquired prior to the submission of a claim	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Prior Authorization or Referral Number	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>

<b>Segment:</b>	<b>REF</b>	<b>Line Item Control Number</b>
<b>Position:</b>	470	
<b>Loop:</b>	2400	Optional (Must Use)
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required if it is necessary to send a line control or inventory number. Providers are STRONGLY encouraged to routinely send a unique line item control number on all service lines, particularly if the provider automatically posts their remittance advice. Submitting a unique line item control number gives providers the capability to automatically post by service line. The line item control number should be unique within a patient control number (CLM01). Payers are required to return this number in the remittance advice transaction (835) if the providers sends it to them in the 837.	

## Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 6R Provider Control Number Number assigned by information provider company for tracking and billing purposes	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier NSF Reference: FA0-04.0, FB0-04.0, FB1-04.0, FB2-04.0, FD0-04.0, FE0-04.0, HA0-04.0	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>

<b>Segment:</b>	<b>REF</b> Mammography Certification Number
<b>Position:</b>	470
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	1 REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Required for Medicare claims for all mammography services.

Data Element Summary				
	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier EW Mammography Certification Number Health Care Financing Administration assigned certification number of the certified mammography screening center	M ID 2/3
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier NSF Reference: FA0-31.0	X AN 1/30
Not Used	REF03	352	INDUSTRY: Mammography Certification Number <b>Description</b> A free-form description to clarify the related data elements and their content	X AN 1/80
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M ID 2/3
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30
Not Used	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30



<b>Segment:</b>	<b>REF</b>	<b>Clinical Laboratory Improvement Amendment (CLIA) Identification</b>
<b>Position:</b>	470	
<b>Loop:</b>	2400	Optional (Must Use)
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required for all CLIA certified facilities performing CLIA covered laboratory services and if number is different than CLIA number reported at claim level (Loop ID-2300).	

Data Element Summary				
	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier X4 Clinical Laboratory Improvement Amendment Number	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier NSF Reference: FA0-34.0	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> INDUSTRY: Clinical Laboratory Improvement Amendment Number A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>

**Segment: REF Referring Clinical Laboratory Improvement Amendment (CLIA) Facility****Identification**

<b>Position:</b>	470
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Required for Medicare claims for any laboratory that referred tests to another laboratory covered by the CLIA Act that is billed on this line.

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier F4 Facility Certification Number A unique number assigned to qualifying facilities to perform services	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Referring CLIA Number	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>

<b>Segment:</b>	<b>REF</b> Immunization Batch Number
<b>Position:</b>	470
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Use when required by state law for health data reporting.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier BT Batch Number	M ID 2/3
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Immunization Batch Number	X AN 1/30
Not Used	REF03	352	<b>Description</b> A free-form description to clarify the related data elements and their content	X AN 1/80
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M ID 2/3
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30
Not Used	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30

<b>Segment:</b>	<b>REF</b> Ambulatory Patient Group (APG)
<b>Position:</b>	470
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	4
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	1 REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Used at discretion of submitter.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 1S Ambulatory Patient Group (APG) Number	M ID 2/3
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Ambulatory Patient Group Number	X AN 1/30
Not Used	REF03	352	<b>Description</b> A free-form description to clarify the related data elements and their content	X AN 1/80
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M ID 2/3
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30
Not Used	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30

<b>Segment:</b>	<b>REF</b>	<b>Oxygen Flow Rate</b>
<b>Position:</b>	470	
<b>Loop:</b>	2400	Optional (Must Use)
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required on oxygen therapy certificate of medical necessity (CMN) claim where service line reports oxygen flow rate.	

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier TP Test Specification Number Oxygen Flow Rate	M ID 2/3
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Valid values are 1 - 999 liters per minute and X for less than 1 liter per minute.  NSF Reference: GX0-14.0	X AN 1/30
Not Used	REF03	352	INDUSTRY: Oxygen Flow Rate <b>Description</b> A free-form description to clarify the related data elements and their content	X AN 1/80
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M ID 2/3
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30
Not Used	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30

<b>Segment:</b>	<b>REF</b> Universal Product Number (UPN)
<b>Position:</b>	470
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	X12N has been informed by HCFA that this information will be required on Medicare claims in the near future. It may also be required by some state Medicaid. This segment has been added to the 4010 implementation guide to allow providers to meet the Medicare/Medicaid requirements when they are implemented. When implemented by Medicare/Medicaid, the UPN is required on claim/encounters when an item/supply is being billed/reported that has an associated UPN included in the Health Care Uniform Code Council system or the Health Industry Business Communications Council system. See Appendix C for Code Source 41 and 522.

## Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier OZ Product Number Code Source 41 Use to indicate Health Care Uniform Code Council System. See Appendix C, code source 41. VP Vendor Product Number A unique number assigned by a vendor or manufacturer to identify its products Code Source 522 Use to indicate Health Industry Business Communications Council system. See Appendix C, code source 522.	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier NSF Reference: FA0-62.0 INDUSTRY: Universal Product Number	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as	<b>X AN 1/30</b>

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<b>Not Used</b>	<b>C04005</b>	<b>128</b>	specified by the Reference Identification Qualifier <b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

**Segment:** **AMT** Sales Tax Amount  
**Position:** 475  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To indicate the total monetary amount  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:** Required if sales tax applies to service line and submitter is required to report that information to the receiver.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	AMT01	522	<b>Amount Qualifier Code</b> Code to qualify amount INDUSTRY: Amount Qualifier Code T Tax	<b>M ID 1/3</b>
Required	AMT02	782	<b>Monetary Amount</b> Monetary amount INDUSTRY: Sales Tax Amount	<b>M R 1/18</b>
Not Used	AMT03	478	<b>Credit/Debit Flag Code</b> Code indicating whether amount is a credit or debit	<b>O ID 1/1</b>



**Segment:** **AMT** **Approved Amount**

**Position:** 475

**Loop:** 2400 Optional (Must Use)

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To indicate the total monetary amount

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Used primarily in payer-to-payer COB situations by the payer who is sending this claim to another payer. Providers (in a provider-to-payer COB situation) do not usually complete this information but may do so if the information is available.

The allowed amount equals the amount for the service line that was approved by the payer sending this 837 to another payer.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>AMT01</b>	<b>522</b>	<b>Amount Qualifier Code</b>	<b>M ID 1/3</b>
			Code to qualify amount	
			INDUSTRY: Amount Qualifier Code	
			AAE Approved Amount	
<b>Required</b>	<b>AMT02</b>	<b>782</b>	<b>Monetary Amount</b>	<b>M R 1/18</b>
			Monetary amount	
			NSF Reference: FA0-51.0	
			INDUSTRY: Approved Amount	
<b>Not Used</b>	<b>AMT03</b>	<b>478</b>	<b>Credit/Debit Flag Code</b>	<b>O ID 1/1</b>
			Code indicating whether amount is a credit or debit	

**Segment:** **AMT** **Postage Claimed Amount**

**Position:** 475

**Loop:** 2400 Optional (Must Use)

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To indicate the total monetary amount

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if service line charge (SV102) includes postage amount claimed in this service line.

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>AMT01</b>	<b>522</b>	<b>Amount Qualifier Code</b> Code to qualify amount INDUSTRY: Amount Qualifier Code F4 Postage Claimed Monetary amount rightfully deserved for mailing	<b>M ID 1/3</b>
<b>Required</b>	<b>AMT02</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount INDUSTRY: Postage Claimed Amount	<b>M R 1/18</b>
<b>Not Used</b>	<b>AMT03</b>	<b>478</b>	<b>Credit/Debit Flag Code</b> Code indicating whether amount is a credit or debit	<b>O ID 1/1</b>

<b>Segment:</b>	<b>K3</b>	<b>File Information</b>
<b>Position:</b>	480	
<b>Loop:</b>	2400	Optional (Must Use)
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	10	
<b>Purpose:</b>	To transmit a fixed-format record or matrix contents	
<b>Syntax Notes:</b>		
<b>Semantic Notes:</b>	1 K303 identifies the value of the index.	
<b>Comments:</b>	1 The default for K302 is content.	
<b>Notes:</b>	This segment may only be required if a state concludes it must use the K3 to meet an emergency legislative requirement AND the administering state agency or other state organization has contacted the X12N workgroup, requested a review of the K3 data requirement to ensure there is not an existing method within the implementation guide to meet this requirement, and X12N determines that there is no method to meet the requirement. Only then may the state require the temporary use of the K3 to meet the requirement. X12N will submit the necessary data maintenance and refer the request to the appropriate data content committee.	

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>K301</b>	<b>449</b>	<b>Fixed Format Information</b> Data in fixed format agreed upon by sender and receiver NSF Reference: HA0-05.0	<b>M AN 1/80</b>
<b>Not Used</b>	<b>K302</b>	<b>1333</b>	INDUSTRY: Fixed Format Information <b>Record Format Code</b> Code specifying the format of information	<b>O ID 1/2</b>
<b>Not Used</b>	<b>K303</b>	<b>C001</b>	<b>Composite Unit of Measure</b> To identify a composite unit of measure (See Figures Appendix for examples of use)	<b>O</b>
<b>Not Used</b>	<b>C00101</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	<b>M ID 2/2</b>
<b>Not Used</b>	<b>C00102</b>	<b>1018</b>	<b>Exponent</b> Power to which a unit is raised	<b>O R 1/15</b>
<b>Not Used</b>	<b>C00103</b>	<b>649</b>	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	<b>O R 1/10</b>
<b>Not Used</b>	<b>C00104</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	<b>O ID 2/2</b>
<b>Not Used</b>	<b>C00105</b>	<b>1018</b>	<b>Exponent</b> Power to which a unit is raised	<b>O R 1/15</b>
<b>Not Used</b>	<b>C00106</b>	<b>649</b>	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	<b>O R 1/10</b>
<b>Not Used</b>	<b>C00107</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	<b>O ID 2/2</b>
<b>Not Used</b>	<b>C00108</b>	<b>1018</b>	<b>Exponent</b> Power to which a unit is raised	<b>O R 1/15</b>
<b>Not Used</b>	<b>C00109</b>	<b>649</b>	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	<b>O R 1/10</b>
<b>Not Used</b>	<b>C00110</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in	<b>O ID 2/2</b>

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<b>Not Used</b>	<b>C00111</b>	<b>1018</b>	which a measurement has been taken <b>Exponent</b>	<b>O R 1/15</b>
			Power to which a unit is raised	
<b>Not Used</b>	<b>C00112</b>	<b>649</b>	<b>Multiplier</b>	<b>O R 1/10</b>
			Value to be used as a multiplier to obtain a new value	
<b>Not Used</b>	<b>C00113</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b>	<b>O ID 2/2</b>
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	
<b>Not Used</b>	<b>C00114</b>	<b>1018</b>	<b>Exponent</b>	<b>O R 1/15</b>
			Power to which a unit is raised	
<b>Not Used</b>	<b>C00115</b>	<b>649</b>	<b>Multiplier</b>	<b>O R 1/10</b>
			Value to be used as a multiplier to obtain a new value	

**Segment:** **NTE** Line Note  
**Position:** 485  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To transmit information in a free-form format, if necessary, for comment or special instruction

**Syntax Notes:****Semantic Notes:**

**Comments:** 1 The NTE segment permits free-form information/data which, under ANSI X12 standard implementations, is not machine processable. The use of the NTE segment should therefore be avoided, if at all possible, in an automated environment.

**Notes:** Required if submitter used a "not otherwise classified" (NOC) procedure code on this service line (use ADD in NTE01). Otherwise, use at providers discretion.

**Data Element Summary**

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>NTE01</b>	<b>363</b>	<b>Note Reference Code</b>	<b>O ID 3/3</b>
			Code identifying the functional area or purpose for which the note applies	
			INDUSTRY: Note Reference Code	
			ADD Additional Information	
			DCP Goals, Rehabilitation Potential, or Discharge Plans	
			PMT Payment	
			TPO Third Party Organization Notes	
<b>Required</b>	<b>NTE02</b>	<b>352</b>	<b>Description</b>	<b>M AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
			NSF Reference: HA0-05.0	
			INDUSTRY: Line Note Text	

**Segment:** **PS1** **Purchased Service Information**

**Position:** 488

**Loop:** 2400 Optional (Must Use)

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify the information about services that are purchased

**Syntax Notes:**

**Semantic Notes:**

- 1 PS101 is provider identification number.
- 2 PS102 is cost of the purchased service.
- 3 PS103 is the state where the service is purchased.

**Comments:**

**Notes:** Using the PS1 segment indicates that services were purchased from another source.

Required on service lines involving purchased services/tests if different than the information given at the claim level (Loop ID = 2310C).

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>PS101</b>	<b>127</b>	<b>Reference Identification</b>	<b>M AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier ALIAS: Purchased Service Provider Identifier  NSF Reference: FB0-11.0	
<b>Required</b>	<b>PS102</b>	<b>782</b>	<b>Monetary Amount</b>	<b>M R 1/18</b>
			Monetary amount ALIAS: Purchased Service Charge Amount  NSF Reference: FB0-05.0	
<b>Not Used</b>	<b>PS103</b>	<b>156</b>	<b>State or Province Code</b>	<b>O ID 2/2</b>
			INDUSTRY: Purchased Service Charge Amount Code (Standard State/Province) as defined by appropriate government agency	

<b>Segment:</b>	<b>HSD</b> Health Care Services Delivery
<b>Position:</b>	491
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify the delivery pattern of health care services
<b>Syntax Notes:</b>	<b>1</b> If either HSD01 or HSD02 is present, then the other is required. <b>2</b> If HSD06 is present, then HSD05 is required.
<b>Semantic Notes:</b>	
<b>Comments:</b>	
<b>Notes:</b>	<p>The HSD segment is used to specify the delivery pattern of the health care services. This is how it is used: HSD01 qualifies HSD02: If the value in HSD02=1 and the value in HSD01=VS (Visits), this means "one visit". Between HSD02 and HSD03 verbally insert a "per every." HSD03 qualifies HSD04: If the value in HSD04=3 and the value in HSD03=DA (Day), this means "three days." Between HSD04 and HSD05 verbally insert a "for." HSD05 qualifies HSD06: If the value in HSD06=21 and the value in HSD05=7 (Days), this means "21 days." The total message reads:  HSD*VS*1*DA*3*7*21~  = "One visit per every three days for 21 days."  Another similar data string of HSD*VS*2*DA*4*7*20~  = Two visits per every four days for 20 days.  An alternate way to use HSD is to employ HSD07 and/or HSD08. A data string of  HSD*VS*1*****SX*D~  means "1 visit on Wednesday and Thursday morning."</p> <p>Required on claims/encounters billing/reporting home health visits where further detail is necessary to clearly substantiate medical treatment and if information is different than that given at claim level (Loop ID-2300).</p>

## Data Element Summary

<b>Situatio</b>	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
	<b>HSD01</b>	<b>673</b>	<b>Quantity Qualifier</b>	<b>X ID 2/2</b>
			Code specifying the type of quantity Required if information is different than that given at claim level (Loop ID-2300).	
			INDUSTRY: Visits VS Visits	
<b>Situatio</b>	<b>HSD02</b>	<b>380</b>	<b>Quantity</b>	<b>X R 1/15</b>
			Numeric value of quantity HSD02 qualifies HSD01.	
			Required if information is different than that given at claim level (Loop ID-2300).	
			INDUSTRY: Number of Visits	
<b>Situatio</b>	<b>HSD03</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b>	<b>O ID 2/2</b>
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Required if information is different than that given at claim level (Loop ID-2300).	
			INDUSTRY: Frequency Period DA Days MO Months Month	

			Q1 WK	Quarter (Time) Week	
<b>Situatio</b>	<b>HSD04</b>	<b>1167</b>	<b>Sample Selection Modulus</b>		<b>O R 1/6</b>
			To specify the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every fifth bag, every 1.5 minutes Required if information is different than that given at claim level (Loop ID-2300).		
<b>Situatio</b>	<b>HSD05</b>	<b>615</b>	<b>Time Period Qualifier</b>		<b>X ID 1/2</b>
			INDUSTRY: Frequency Count Code defining periods Required if information is different than that given at claim level (Loop ID-2300).		
			INDUSTRY: Duration of Visits Units		
			7	Day	
			34	Month	
			35	Week	
<b>Situatio</b>	<b>HSD06</b>	<b>616</b>	<b>Number of Periods</b>		<b>O N0 1/3</b>
			Total number of periods Required if information is different than that given at claim level (Loop ID-2300).		
<b>Situatio</b>	<b>HSD07</b>	<b>678</b>	<b>Ship/Delivery or Calendar Pattern Code</b>		<b>O ID 1/2</b>
			INDUSTRY: Duration of Visits, Number of Units Code which specifies the routine shipments, deliveries, or calendar pattern Required if information is different than that given at claim level (Loop ID-2300).		
			INDUSTRY: Ship, Delivery or Calendar Pattern Code		
			1	1st Week of the Month	
			2	2nd Week of the Month	
			3	3rd Week of the Month	
			4	4th Week of the Month	
			5	5th Week of the Month	
			6	1st & 3rd Weeks of the Month	
			7	2nd & 4th Weeks of the Month	
			A	Monday through Friday	
			B	Monday through Saturday	
			C	Monday through Sunday	
			D	Monday	
			E	Tuesday	
			F	Wednesday	
			G	Thursday	
			H	Friday	
			J	Saturday	
			K	Sunday	
			L	Monday through Thursday	
			N	As Directed	
			O	Daily Mon. through Fri.	
			SA	Sunday, Monday, Thursday, Friday, Saturday	
			SB	Tuesday through Saturday	
			SC	Sunday, Wednesday, Thursday, Friday, Saturday	



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SD	Monday, Wednesday, Thursday, Friday, Saturday
SG	Tuesday through Friday
SL	Monday, Tuesday and Thursday
SP	Monday, Tuesday and Friday
SX	Wednesday and Thursday
SY	Monday, Wednesday and Thursday
SZ	Tuesday, Thursday and Friday
W	Whenever Necessary

**Situatio**      **HSD08**      **679**      **Ship/Delivery Pattern Time Code**      **O**      **ID 1/1**

Code which specifies the time for routine shipments or deliveries  
Required if information is different than that given at claim level (Loop ID-2300).

INDUSTRY: Delivery Pattern Time Code

D	A.M.
E	P.M.
F	As Directed

<b>Segment:</b>	<b>HCP</b>	<b>Line Pricing/Repricing Information</b>
<b>Position:</b>	492	
<b>Loop:</b>	2400	Optional (Must Use)
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify pricing or repricing information about a health care claim or line item	
<b>Syntax Notes:</b>	<b>1</b> At least one of HCP01 or HCP13 is required. <b>2</b> If either HCP09 or HCP10 is present, then the other is required. <b>3</b> If either HCP11 or HCP12 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> HCP02 is the allowed amount. <b>2</b> HCP03 is the savings amount. <b>3</b> HCP04 is the repricing organization identification number. <b>4</b> HCP05 is the pricing rate associated with per diem or flat rate repricing. <b>5</b> HCP06 is the approved DRG code. <b>6</b> HCP07 is the approved DRG amount. <b>7</b> HCP08 is the approved revenue code. <b>8</b> HCP10 is the approved procedure code. <b>9</b> HCP12 is the approved service units or inpatient days. <b>10</b> HCP13 is the rejection message returned from the third party organization. <b>11</b> HCP15 is the exception reason generated by a third party organization.	
<b>Comments:</b>	<b>1</b> HCP06, HCP07, HCP08, HCP10, and HCP12 are fields that will contain different values from the original submitted values.	
<b>Notes:</b>	Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.	

#### Data Element Summary

Ref.	Data		
Des.	Element	Name	Attributes
Required	HCP01	1473 Pricing Methodology	X ID 2/2
Code specifying pricing methodology at which the claim or line item has been priced or repriced			
Trading partners need to agree on the codes to use in this element. There do not appear to be standard definitions for the code elements.			
Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.			
ALIAS: Pricing/repricing methodology			
INDUSTRY: Pricing Methodology			
	00	Zero Pricing (Not Covered Under Contract)	
	01	Priced as Billed at 100%	
	02	Priced at the Standard Fee Schedule	
	03	Priced at a Contractual Percentage	
	04	Bundled Pricing	
	05	Peer Review Pricing	
	06	Per Diem Pricing	
	07	Flat Rate Pricing	
	08	Combination Pricing	
	09	Maternity Pricing	
	10	Other Pricing	
	11	Lower of Cost	
	12	Ratio of Cost	
	13	Cost Reimbursed	
	14	Adjustment Pricing	

DRAFT Required	HCP02	782	<b>Monetary Amount</b> Monetary amount Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.  ALIAS: Pricing/Repricing Allowed Amount	<b>O R 1/18</b>
Situatio	HCP03	782	INDUSTRY: Repriced Allowed Amount <b>Monetary Amount</b> Monetary amount Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.  ALIAS: Pricing/Repricing Savings Amount	<b>O R 1/18</b>
Situatio	HCP04	127	INDUSTRY: Repriced Saving Amount <b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.  ALIAS: Pricing/Repricing Identification Number	<b>O AN 1/30</b>
Situatio	HCP05	118	INDUSTRY: Repricing Organization Identifier <b>Rate</b> Rate expressed in the standard monetary denomination for the currency specified Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.  ALIAS: Pricing/Repricing Rate	<b>O R 1/9</b>
Situatio	HCP06	127	INDUSTRY: Repricing Per Diem or Flat Rate Amount <b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.  ALIAS: Approved APG code, Pricing	<b>O AN 1/30</b>
Situatio	HCP07	782	INDUSTRY: Repriced Approved Ambulatory Patient Group Code <b>Monetary Amount</b> Monetary amount Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.  ALIAS: Approved APG amount, Pricing	<b>O R 1/18</b>
Not Used	HCP08	234	INDUSTRY: Repriced Approved Ambulatory Patient Group Amount <b>Product/Service ID</b> Identifying number for a product or service	<b>O AN 1/48</b>
Situatio	HCP09	235	<b>Product/Service ID Qualifier</b> Code identifying the type/source of the descriptive number used in Product/Service ID (234) Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.	<b>X ID 2/2</b>

## INDUSTRY: Product or Service ID Qualifier

HC Health Care Financing Administration Common  
Procedural Coding System (HCPCS) Codes  
HCFA coding scheme to group procedure(s) performed  
on an outpatient basis for payment to hospital under  
Medicare; primarily used for ambulatory surgical and  
other diagnostic departments  
Because the AMA's CPT codes are also level 1 HCPCS  
codes, they are reported under HC.

IV Home Infusion EDI Coalition (HIEC) Product/Service  
Code

ZZ Mutually Defined  
Jurisdictionally Defined Procedure and Supply Codes.  
(Used for Worker's Compensation claims). Contact your  
local (State) Jurisdiction for a list of these codes.

**Situatio HCP10 234 Product/Service ID X AN 1/48**

Identifying number for a product or service

Used only by repricers as needed. This information is specific to the  
destination payer reported in the 2010BB loop.

ALIAS: Pricing/Repricing Approved Procedure Code

**Situatio HCP11 355 Unit or Basis for Measurement Code X ID 2/2**

Code specifying the units in which a value is being expressed, or manner in  
which a measurement has been taken

Used only by repricers as needed. This information is specific to the  
destination payer reported in the 2010BB loop.

INDUSTRY: Unit or Basis for Measurement Code

DA Days

UN Unit

**Situatio HCP12 380 Quantity X R 1/15**

Numeric value of quantity

Used only by repricers as needed. This information is specific to the  
destination payer reported in the 2010BB loop.

ALIAS: Pricing/Repricing Approved Units or Inpatient Days

**Situatio HCP13 901 Reject Reason Code X ID 2/2**

INDUSTRY: Repriced Approved Service Unit Count

Code assigned by issuer to identify reason for rejection  
Used only by repricers as needed. This information is specific to the  
destination payer reported in the 2010BB loop.

ALIAS: Reject reason code

INDUSTRY: Reject Reason Code

T1 Cannot Identify Provider as TPO (Third Party  
Organization) Participant

T2 Cannot Identify Payer as TPO (Third Party Organization)  
Participant

T3 Cannot Identify Insured as TPO (Third Party  
Organization) Participant

T4 Payer Name or Identifier Missing

T5 Certification Information Missing

T6 Claim does not contain enough information for re-pricing

**Policy Compliance Code**

Code specifying policy compliance

Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

ALIAS: Policy compliance code

INDUSTRY: Policy Compliance Code

- 1 Procedure Followed (Compliance)
- 2 Not Followed - Call Not Made (Non-Compliance Call Not Made)
- 3 Not Medically Necessary (Non-Compliance Non-Medically Necessary)
- 4 Not Followed Other (Non-Compliance Other)
- 5 Emergency Admit to Non-Network Hospital

**Exception Code**

Code specifying the exception reason for consideration of out-of-network health care services

Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

ALIAS: Exception code

INDUSTRY: Exception Code

- 1 Non-Network Professional Provider in Network Hospital
- 2 Emergency Care
- 3 Services or Specialist not in Network
- 4 Out-of-Service Area
- 5 State Mandates
- 6 Other

<b>Segment:</b>	<b>NM1</b>	<b>Rendering Provider Name</b>
<b>Position:</b>	500	
<b>Loop:</b>	2420A	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To supply the full name of an individual or organizational entity	
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.	
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.	
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.	
<b>Notes:</b>	Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.	

Required if the Rendering Provider NM1 information is different than that carried in the 2310B (claim) loop, or if the Rendering provider information is carried at the Billing/Pay-to Provider loop level (2010AA/AB) and this particular service line has a different Rendering Provider that what is given in the 2010AA/AB loop. The identifying payer-specific numbers are those that belong to the destination payer identified in loop 2010BB.

Used for all types of rendering providers including laboratories. The Rendering Provider is the person or company (laboratory or other facility) who rendered the care. In the case where a substitute provider (locum tenans) was used, that person should be entered here.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>NM101</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual The entity identifier in NM101 applies to all segments in this iteration of Loop ID-2420.  INDUSTRY: Entity Identifier Code 82 Rendering Provider	<b>M ID 2/3</b>
<b>Required</b>	<b>NM102</b>	<b>1065</b>	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person 2 Non-Person Entity	<b>M ID 1/1</b>
<b>Required</b>	<b>NM103</b>	<b>1035</b>	<b>Name Last or Organization Name</b> Individual last name or organizational name ALIAS: Rendering Provider Last Name  NSF Reference: FB1-14.0	<b>O AN 1/35</b>
<b>Situatio</b>	<b>NM104</b>	<b>1036</b>	INDUSTRY: Rendering Provider Last or Organization Name <b>Name First</b> Individual first name Required if NM102=1 (person).  ALIAS: Rendering Provider First Name  NSF Reference: FB1-15.0	<b>O AN 1/25</b>

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<b>Situatio</b>	<b>NM105</b>	<b>1037</b>	INDUSTRY: Rendering Provider First Name <b>Name Middle</b> Individual middle name or initial Required if NM102=1 and the middle name/initial of the person is known.  ALIAS: Rendering Provider Middle Name  NSF Reference: FB1-16.0	<b>O</b>	<b>AN 1/25</b>
<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	INDUSTRY: Rendering Provider Middle Name <b>Name Prefix</b> Prefix to individual name	<b>O</b>	<b>AN 1/10</b>
<b>Situatio</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name Required if known.  ALIAS: Rendering Provider Generation	<b>O</b>	<b>AN 1/10</b>
<b>Required</b>	<b>NM108</b>	<b>66</b>	INDUSTRY: Rendering Provider Name Suffix <b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) NSF Reference: FA0-57.0  INDUSTRY: Identification Code Qualifier 24 Employer's Identification Number 34 Social Security Number Social Security Number cannot be used for Medicare claims. XX Health Care Financing Administration National Provider Identifier	<b>X</b>	<b>ID 1/2</b>
<b>Required</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code ALIAS: Rendering Provider Primary Identifier  NSF Reference: FA0-23.0, FA0-58.0	<b>X</b>	<b>AN 2/80</b>
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	INDUSTRY: Rendering Provider Identifier <b>Entity Relationship Code</b> Code describing entity relationship	<b>X</b>	<b>ID 2/2</b>
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	<b>O</b>	<b>ID 2/3</b>

**Segment:** **PRV** **Rendering Provider Specialty Information**  
**Position:** 505  
**Loop:** 2420A Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the identifying characteristics of a provider  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:** PRV02 qualifies PRV03.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	PRV01	1221	<b>Provider Code</b> Code identifying the type of provider INDUSTRY: Provider Code PE Performing	M ID 1/3
Required	PRV02	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: <a href="http://www.wpc-edi.com">http://www.wpc-edi.com</a> . This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15. INDUSTRY: Reference Identification Qualifier ZZ Mutually Defined Health Care Provider Taxonomy Code list	M ID 2/3
Required	PRV03	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier ALIAS: Provider Specialty Code Provider Specialty Code NSF Reference: FA0-37.0	M AN 1/30
Not Used	PRV04	156	INDUSTRY: Provider Taxonomy Code <b>State or Province Code</b> Code (Standard State/Province) as defined by appropriate government agency	O ID 2/2
Not Used	PRV05	C035	<b>Provider Specialty Information</b> To provide provider specialty information	O
Not Used	C03501	1222	<b>Provider Specialty Code</b> Code indicating the primary specialty of the provider, as defined by the receiver	M AN 1/3
Not Used	C03502	559	<b>Agency Qualifier Code</b> Code identifying the agency assigning the code values	O ID 2/2
Not Used	C03503	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response	O ID 1/1
Not Used	PRV06	1223	<b>Provider Organization Code</b> Code identifying the organizational structure of a provider	O ID 3/3



**Segment:** **N2 Additional Rendering Provider Name Information**

**Position:** 510

**Loop:** 2420A Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b><u>Name</u></b>	<b><u>Attributes</u></b>
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b> Free-form name ALIAS: Rendering Provider Additional Name Information	<b>M AN 1/60</b>
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b> INDUSTRY: Rendering Provider Name Additional Text Free-form name	<b>O AN 1/60</b>

<b>Segment:</b>	<b>REF</b>	<b>Rendering Provider Secondary Identification</b>
<b>Position:</b>	525	
<b>Loop:</b>	2420A	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	5	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.	

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			INDUSTRY: Reference Identification Qualifier	
			0B State License Number	
			1B Blue Shield Provider Number	
			1C Medicare Provider Number	
			1D Medicaid Provider Number	
			1G Provider UPIN Number	
			1H CHAMPUS Identification Number	
			EI Employer's Identification Number	
			G2 Provider Commercial Number	
			A unique number assigned to a provider by a commercial insurer	
			LU Location Number	
			N5 Provider Plan Network Identification Number	
			A number assigned to identify a specific provider in a health care plan network	
			SY Social Security Number	
			The social security number may not be used for Medicare.	
			X5 State Industrial Accident Provider Number	
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			ALIAS: Rendering Provider Secondary Identifier	
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b>	<b>O</b>
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b>	<b>M AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	

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<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X</b>	<b>ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X</b>	<b>AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X</b>	<b>ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X</b>	<b>AN 1/30</b>

<b>Segment:</b>	<b>NM1</b>	<b>Purchased Service Provider Name</b>
<b>Position:</b>	500	
<b>Loop:</b>	2420B	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To supply the full name of an individual or organizational entity	
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.	
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.	
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.	
<b>Notes:</b>	Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.	

Required if purchased services are being billed/reported on this claim. Purchased services are situations where (for example) a physician purchases a diagnostic exam from an outside entity. Purchased services do not include substitute (locum tenens) provider situations. All payer-specific identifying numbers belong to the destination payer identified in the 2010BB loop.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>NM101</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual The entity identifier in NM101 applies to all segments in this iteration of Loop ID-2420.  INDUSTRY: Entity Identifier Code QB Purchase Service Provider Entity from which medical supplies may be bought	<b>M ID 2/3</b>
<b>Required</b>	<b>NM102</b>	<b>1065</b>	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person 2 Non-Person Entity	<b>M ID 1/1</b>
<b>Not Used</b>	<b>NM103</b>	<b>1035</b>	<b>Name Last or Organization Name</b> Individual last name or organizational name	<b>O AN 1/35</b>
<b>Not Used</b>	<b>NM104</b>	<b>1036</b>	<b>Name First</b> Individual first name	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM105</b>	<b>1037</b>	<b>Name Middle</b> Individual middle name or initial	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	<b>Name Prefix</b> Prefix to individual name	<b>O AN 1/10</b>
<b>Not Used</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name	<b>O AN 1/10</b>
<b>Situatio</b>	<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.  INDUSTRY: Identification Code Qualifier	<b>X ID 1/2</b>

DRAFT

24 Employer's Identification Number  
34 Social Security Number  
XX Health Care Financing Administration National Provider Identifier

**Situatio NM109 67 Identification Code X AN 2/80**

Code identifying a party or other code

Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.

ALIAS: Purchased Service Provider's Primary Identification Number

NSF Reference: FB0-11.0

**Not Used NM110 706 INDUSTRY: Purchased Service Provider Identifier  
Entity Relationship Code X ID 2/2**

Code describing entity relationship

**Not Used NM111 98 Entity Identifier Code O ID 2/3**

Code identifying an organizational entity, a physical location, property or an individual

<b>Segment:</b>	<b>REF</b>	<b>Purchased Service Provider Secondary Identification</b>
<b>Position:</b>	525	
<b>Loop:</b>	2420B	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	5	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.	

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
Code qualifying the Reference Identification				
INDUSTRY: Reference Identification Qualifier				
		0B	State License Number	
		1A	Blue Cross Provider Number	
		1B	Blue Shield Provider Number	
		1C	Medicare Provider Number	
		1D	Medicaid Provider Number	
		1G	Provider UPIN Number	
		1H	CHAMPUS Identification Number	
		EI	Employer's Identification Number	
		G2	Provider Commercial Number	
			A unique number assigned to a provider by a commercial insurer	
		LU	Location Number	
		N5	Provider Plan Network Identification Number	
			A number assigned to identify a specific provider in a health care plan network	
		SY	Social Security Number	
			The social security number may not be used for Medicare.	
		U3	Unique Supplier Identification Number (USIN)	
		X5	State Industrial Accident Provider Number	
Required	REF02	127	<b>Reference Identification</b>	<b>X AN 1/30</b>
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
ALIAS: Purchased Service Provider Secondary Identifier				
NSF Reference: FB0-11.0				
Not Used	REF03	352	<b>Description</b>	<b>X AN 1/80</b>
A free-form description to clarify the related data elements and their content				
Not Used	REF04	C040	<b>Reference Identifier</b>	<b>O</b>
To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier				
Not Used	C04001	128	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>

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			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b>	<b>M</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

<b>Segment:</b>	<b>NM1</b> Service Facility Location
<b>Position:</b>	500
<b>Loop:</b>	2420C Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required when the location of health care service for this service line is different than that carried in the 2010AA (Billing Provider), 2010AB (Pay-to Provider), or 2310D Service Facility Location loops. All payer-specific identifying numbers belong to the destination payer identified in the 2010BB loop.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	NM101	98	Entity Identifier Code	M ID 2/3
			Code identifying an organizational entity, a physical location, property or an individual	
			The entity identifier in NM101 applies to all segments in this iteration of Loop ID-2420.	
			INDUSTRY: Entity Identifier Code	
			77 Service Location	
			Use when other codes in this element do not apply.	
			FA Facility	
			LI Independent Lab	
			Outside laboratory which provides test results for entity providing medical services	
			TL Testing Laboratory	
Required	NM102	1065	Entity Type Qualifier	M ID 1/1
			Code qualifying the type of entity	
			INDUSTRY: Entity Type Qualifier	
			2 Non-Person Entity	
Situatio	NM103	1035	Name Last or Organization Name	O AN 1/35
			Individual last name or organizational name	
			Required except when service was rendered in the patient's home.	
			ALIAS: Service Facility Location Name	
			NSF Reference: GX0-25.0	
Not Used	NM104	1036	INDUSTRY: Laboratory or Facility Name Name First	O AN 1/25
			Individual first name	
Not Used	NM105	1037	Name Middle	O AN 1/25
			Individual middle name or initial	
Not Used	NM106	1038	Name Prefix	O AN 1/10
			Prefix to individual name	



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<b>Not Used</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name	<b>O</b>	<b>AN 1/10</b>
<b>Situatio</b>	<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) Required if either Employer's Identification/Social Security Number (tax ID of service location) or National Provider Identifier is known.  INDUSTRY: Identification Code Qualifier 24 Employer's Identification Number 34 Social Security Number Do not use for Medicare claims. XX Health Care Financing Administration National Provider Identifier	<b>X</b>	<b>ID 1/2</b>
<b>Situatio</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code Required if either Employer's Identification/Social Security Number (tax ID of service location) or National Provider Identifier is known.  ALIAS: Service Facility Location Identification Number	<b>X</b>	<b>AN 2/80</b>
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	INDUSTRY: Laboratory or Facility Primary Identifier <b>Entity Relationship Code</b> Code describing entity relationship	<b>X</b>	<b>ID 2/2</b>
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	<b>O</b>	<b>ID 2/3</b>

**Segment:** **N2** Additional Service Facility Location Name Information

**Position:** 510

**Loop:** 2420C Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b> Free-form name ALIAS: Service Facility Location Additional Name	<b>M AN 1/60</b>
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b> Free-form name INDUSTRY: Laboratory or Facility Name Additional Text	<b>O AN 1/60</b>

**Segment:** **N3** Service Facility Location Address

**Position:** 514

**Loop:** 2420C Optional

**Level:** Detail

**Usage:** Optional (Must Use)

**Max Use:** 1

**Purpose:** To specify the location of the named party

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** If service facility location is in an area where there are no street addresses, enter a description of where the service was rendered (e.g., "crossroad of State Road 34 and 45" or "Exit near Mile marker 265 on Interstate 80".)

Data Element Summary				
	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>N301</b>	<b>166</b>	<b>Address Information</b>	<b>M AN 1/55</b>
			Address information	
			ALIAS: Service Facility Location Address 1	
			NSF Reference: GX2-04.0	
<b>Situatio</b>	<b>N302</b>	<b>166</b>	<b>Address Information</b>	<b>O AN 1/55</b>
			Address information	
			Required if a second address line exists.	
			ALIAS: Service Facility Location Address 2	
			NSF Reference: GX2-05.0	
			INDUSTRY: Laboratory or Facility Address Line	

<b>Segment:</b>	<b>N4 Service Facility Location City/State/ZIP</b>
<b>Position:</b>	520
<b>Loop:</b>	2420C Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify the geographic place of the named party
<b>Syntax Notes:</b>	1 If N406 is present, then N405 is required.
<b>Semantic Notes:</b>	
<b>Comments:</b>	1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location. 2 N402 is required only if city name (N401) is in the U.S. or Canada.
<b>Notes:</b>	If service facility location is in an area where there are no street addresses, enter the name of the nearest town, state and zip of where the service was rendered.

Data Element Summary				
	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>N401</b>	<b>19</b>	<b>City Name</b> Free-form text for city name ALIAS: Service Facility Location City  NSF Reference: GX2-06.0	<b>O AN 2/30</b>
<b>Required</b>	<b>N402</b>	<b>156</b>	INDUSTRY: Laboratory or Facility City Name <b>State or Province Code</b> Code (Standard State/Province) as defined by appropriate government agency ALIAS: Service Facility Location State  NSF Reference: GX2-07.0	<b>O ID 2/2</b>
<b>Required</b>	<b>N403</b>	<b>116</b>	INDUSTRY: Laboratory or Facility State or Province Code <b>Postal Code</b> Code defining international postal zone code excluding punctuation and blanks (zip code for United States) ALIAS: Service Facility Location ZIP Code  NSF Reference: GX2-08.0	<b>O ID 3/15</b>
<b>Situatio</b>	<b>N404</b>	<b>26</b>	INDUSTRY: Laboratory or Facility Postal Zone or ZIP Code <b>Country Code</b> Code identifying the country Required if the address is out of the U.S.  ALIAS: Service Facility Location Country Code	<b>O ID 2/3</b>
<b>Not Used</b>	<b>N405</b>	<b>309</b>	INDUSTRY: Country Code <b>Location Qualifier</b> Code identifying type of location	<b>X ID 1/2</b>
<b>Not Used</b>	<b>N406</b>	<b>310</b>	<b>Location Identifier</b> Code which identifies a specific location	<b>O AN 1/30</b>

<b>Segment:</b>	<b>REF</b>	<b>Service Facility Location Secondary Identification</b>
<b>Position:</b>	525	
<b>Loop:</b>	2420C	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	5	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.	

Data Element Summary				
	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			INDUSTRY: Reference Identification Qualifier	
			0B State License Number	
			1A Blue Cross Provider Number	
			1B Blue Shield Provider Number	
			1C Medicare Provider Number	
			1D Medicaid Provider Number	
			1G Provider UPIN Number	
			1H CHAMPUS Identification Number	
			G2 Provider Commercial Number	
			A unique number assigned to a provider by a commercial insurer	
			LU Location Number	
			N5 Provider Plan Network Identification Number	
			A number assigned to identify a specific provider in a health care plan network	
			TJ Federal Taxpayer's Identification Number	
			X4 Clinical Laboratory Improvement Amendment Number	
			X5 State Industrial Accident Provider Number	
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			ALIAS: Service Facility Location Secondary Identification Number	
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b>	<b>O</b>
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b>	<b>M AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X ID 2/3</b>

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			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

<b>Segment:</b>	<b>NM1</b> Supervising Provider Name
<b>Position:</b>	500
<b>Loop:</b>	2420D Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required when rendering provider is supervised by a physician and the supervising physician is different than that listed at the claim level for this service line. All paye-specific identifying numbers belong to the destination payer identified in loop 2010BB.

Data Element Summary				
	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>NM101</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code DQ Supervising Physician	<b>M ID 2/3</b>
<b>Required</b>	<b>NM102</b>	<b>1065</b>	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person	<b>M ID 1/1</b>
<b>Required</b>	<b>NM103</b>	<b>1035</b>	<b>Name Last or Organization Name</b> Individual last name or organizational name ALIAS: Supervising Provider Last Name  NSF Reference: FB1-18.0	<b>O AN 1/35</b>
<b>Required</b>	<b>NM104</b>	<b>1036</b>	INDUSTRY: Supervising Provider Last Name <b>Name First</b> Individual first name ALIAS: Supervising Provider First Name  NSF Reference: FB1-19.0	<b>O AN 1/25</b>
<b>Situatio</b>	<b>NM105</b>	<b>1037</b>	INDUSTRY: Supervising Provider First Name <b>Name Middle</b> Individual middle name or initial Required if NM102=1 and the middle name/initial of the person is known.  ALIAS: Supervising Provider Middle Name  NSF Reference: FB1-20.0	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	INDUSTRY: Supervising Provider Middle Name <b>Name Prefix</b> Prefix to individual name	<b>O AN 1/10</b>

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<b>Situatio</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name Required if known.  ALIAS: Supervising Provider Generation	<b>O AN 1/10</b>
<b>Situatio</b>	<b>NM108</b>	<b>66</b>	INDUSTRY: Supervising Provider Name Suffix <b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) Required if either Employer's Identification/Social Security Number (Supervising provider's tax ID) or National Provider Identifier is known.  INDUSTRY: Identification Code Qualifier 24 Employer's Identification Number 34 Social Security Number The social security number may not be used for Medicare. XX Health Care Financing Administration National Provider Identifier	<b>X ID 1/2</b>
<b>Situatio</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code Required if either Employer's Identification/Social Security Number (Supervising provider's tax ID) or National Provider Identifier is known.  ALIAS: Supervising Provider's Identification Number  NSF Reference: FB1-21.0	<b>X AN 2/80</b>
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	INDUSTRY: Supervising Provider Identifier <b>Entity Relationship Code</b> Code describing entity relationship	<b>X ID 2/2</b>
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	<b>O ID 2/3</b>



**Segment:** **N2 Additional Supervising Provider Name Information**

**Position:** 510

**Loop:** 2420D Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b> Free-form name ALIAS: Supervising Provider Additional Name Information	<b>M AN 1/60</b>
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b> INDUSTRY: Supervising Provider Name Additional Text Free-form name	<b>O AN 1/60</b>

<b>Segment:</b>	<b>REF</b>	<b>Supervising Provider Secondary Identification</b>
<b>Position:</b>	525	
<b>Loop:</b>	2420D	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	5	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.	

Data Element Summary				
	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			INDUSTRY: Reference Identification Qualifier	
			0B State License Number	
			1B Blue Shield Provider Number	
			1C Medicare Provider Number	
			1D Medicaid Provider Number	
			1G Provider UPIN Number	
			1H CHAMPUS Identification Number	
			EI Employer's Identification Number	
			G2 Provider Commercial Number	
			A unique number assigned to a provider by a commercial insurer	
			LU Location Number	
			N5 Provider Plan Network Identification Number	
			A number assigned to identify a specific provider in a health care plan network	
			SY Social Security Number	
			The social security number may not be used for Medicare.	
			X5 State Industrial Accident Provider Number	
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			ALIAS: Supervising Provider Secondary Identifier	
			NSF Reference: FB1-21.0	
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b>	<b>O</b>
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b>	<b>M AN 1/30</b>

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			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

<b>Segment:</b>	<b>NM1</b>	<b>Ordering Provider Name</b>
<b>Position:</b>	500	
<b>Loop:</b>	2420E	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To supply the full name of an individual or organizational entity	
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.	
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.	
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.	
<b>Notes:</b>	Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.	

Required if a service or supply was ordered by a provider and that provider is a different entity than the rendering provider for this service line. All payer-specific identifiers belong to the destination payer identified in the 2010BB loop.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual The entity identifier in NM101 applies to all segments in this iteration of Loop ID-2420.  INDUSTRY: Entity Identifier Code DK Ordering Physician	<b>M ID 2/3</b>
Required	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person	<b>M ID 1/1</b>
Required	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name ALIAS: Ordering Provider Last Name  NSF Reference: FB1-06.0	<b>O AN 1/35</b>
Required	NM104	1036	INDUSTRY: Ordering Provider Last Name <b>Name First</b> Individual first name ALIAS: Ordering Provider First Name  NSF Reference: FB1-07.0	<b>O AN 1/25</b>
Situatio	NM105	1037	INDUSTRY: Ordering Provider First Name <b>Name Middle</b> Individual middle name or initial Required if NM102=1 and the middle name/initial of the person is known.  ALIAS: Ordering Provider Middle Name  NSF Reference: FB1-08.0  INDUSTRY: Ordering Provider Middle Name	<b>O AN 1/25</b>

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<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	<b>Name Prefix</b> <b>O AN 1/10</b> Prefix to individual name
<b>Situatio</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> <b>O AN 1/10</b> Suffix to individual name Required if known.  ALIAS: Ordering Provider Generation
<b>Situatio</b>	<b>NM108</b>	<b>66</b>	INDUSTRY: Ordering Provider Name Suffix <b>Identification Code Qualifier</b> <b>X ID 1/2</b> Code designating the system/method of code structure used for Identification Code (67) Required if either Employer's Identification/Social Security Number (Ordering provider's tax ID) or National Provider Identifier is known.  INDUSTRY: Identification Code Qualifier 24 Employer's Identification Number 34 Social Security Number The social security number may not be used for Medicare. XX Health Care Financing Administration National Provider Identifier
<b>Situatio</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> <b>X AN 2/80</b> Code identifying a party or other code Required if either Employer's Identification/Social Security Number (Ordering provider's tax ID) or National Provider Identifier is known.  ALIAS: Ordering Provider Primary Identifier  NSF Reference: FB0-09.0, FB1-09.0, GX0-29.0
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	INDUSTRY: Ordering Provider Identifier <b>Entity Relationship Code</b> <b>X ID 2/2</b> Code describing entity relationship
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b> <b>O ID 2/3</b> Code identifying an organizational entity, a physical location, property or an individual

**Segment:** **N2** Additional Ordering Provider Name Information

**Position:** 510

**Loop:** 2420E Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b> Free-form name ALIAS: Ordering Provider Additional Name Information	<b>M AN 1/60</b>
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b> INDUSTRY: Ordering Provider Name Additional Text Free-form name	<b>O AN 1/60</b>

**Segment:** **N3** **Ordering Provider Address**

**Position:** 514

**Loop:** 2420E Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify the location of the named party

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required when a Durable Medical Equipment Regional Carrier Certificate of Medical Necessity (Medicare DMERC CMN) is used on service line for Medicare claims.

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>N301</b>	<b>166</b>	<b>Address Information</b> Address information ALIAS: Ordering Provider Address 1  NSF Reference: FB2-06.0	<b>M AN 1/55</b>
<b>Situatio</b>	<b>N302</b>	<b>166</b>	<b>Address Information</b> Address information Required if a second address line exists.  ALIAS: Ordering Provider Address 2  NSF Reference: FB2-07.0  INDUSTRY: Ordering Provider Address Line	<b>O AN 1/55</b>

**Segment:** **N4** Ordering Provider City/State/ZIP Code

**Position:** 520

**Loop:** 2420E Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify the geographic place of the named party

**Syntax Notes:** 1 If N406 is present, then N405 is required.

**Semantic Notes:**

**Comments:** 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.

2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** Required when a Durable Medical Equipment Regional Carrier Certificate of Medical Necessity (Medicare DMERC CMN) is used on service line for Medicare claims.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>N401</b>	<b>19</b>	<b>City Name</b> Free-form text for city name ALIAS: Ordering Provider City  NSF Reference: FB2-08.0	<b>O AN 2/30</b>
<b>Required</b>	<b>N402</b>	<b>156</b>	INDUSTRY: Ordering Provider City Name <b>State or Province Code</b> Code (Standard State/Province) as defined by appropriate government agency ALIAS: Ordering Provider State  NSF Reference: FB0-10.0, FB2-09.0	<b>O ID 2/2</b>
<b>Required</b>	<b>N403</b>	<b>116</b>	INDUSTRY: Ordering Provider State Code <b>Postal Code</b> Code defining international postal zone code excluding punctuation and blanks (zip code for United States) ALIAS: Ordering Provider Zip Code  NSF Reference: FB2-10.0	<b>O ID 3/15</b>
<b>Situatio</b>	<b>N404</b>	<b>26</b>	INDUSTRY: Ordering Provider Postal Zone or ZIP Code <b>Country Code</b> Code identifying the country Required if the address is out of the U.S.  ALIAS: Ordering Provider Country Code	<b>O ID 2/3</b>
<b>Not Used</b>	<b>N405</b>	<b>309</b>	INDUSTRY: Country Code <b>Location Qualifier</b> Code identifying type of location	<b>X ID 1/2</b>
<b>Not Used</b>	<b>N406</b>	<b>310</b>	<b>Location Identifier</b> Code which identifies a specific location	<b>O AN 1/30</b>



<b>Segment:</b>	<b>REF</b>	<b>Ordering Provider Secondary Identification</b>
<b>Position:</b>	525	
<b>Loop:</b>	2420E	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	5	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.	

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			INDUSTRY: Reference Identification Qualifier	
			0B State License Number	
			1B Blue Shield Provider Number	
			1C Medicare Provider Number	
			1D Medicaid Provider Number	
			1G Provider UPIN Number	
			1H CHAMPUS Identification Number	
			EI Employer's Identification Number	
			G2 Provider Commercial Number	
			A unique number assigned to a provider by a commercial insurer	
			LU Location Number	
			N5 Provider Plan Network Identification Number	
			A number assigned to identify a specific provider in a health care plan network	
			SY Social Security Number	
			The social security number may not be used for Medicare.	
			X5 State Industrial Accident Provider Number	
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			ALIAS: Ordering Provider Secondary Identifier	
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b>	<b>O</b>
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b>	<b>M AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	

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<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X</b>	<b>ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X</b>	<b>AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X</b>	<b>ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X</b>	<b>AN 1/30</b>

**Segment:****PER Ordering Provider Contact Information****Position:**

530

**Loop:**

2420E Optional

**Level:**

Detail

**Usage:**

Optional

**Max Use:**

1

**Purpose:**

To identify a person or office to whom administrative communications should be directed

**Syntax Notes:**

- 1** If either PER03 or PER04 is present, then the other is required.
- 2** If either PER05 or PER06 is present, then the other is required.
- 3** If either PER07 or PER08 is present, then the other is required.

**Semantic Notes:****Comments:****Notes:**

When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g., (534) 224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.

Required when services involving an oxygen therapy certificate of medical necessity (CMN) is being billed/reported on this service line.

By definition of the standard, if PER03 is used, PER04 is required.

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>PER01</b>	<b>366</b>	<b>Contact Function Code</b> Code identifying the major duty or responsibility of the person or group named INDUSTRY: Contact Function Code IC Information Contact	<b>M ID 2/2</b>
<b>Required</b>	<b>PER02</b>	<b>93</b>	<b>Name</b> Free-form name INDUSTRY: Ordering Provider Contact Name	<b>O AN 1/60</b>
<b>Required</b>	<b>PER03</b>	<b>365</b>	<b>Communication Number Qualifier</b> Code identifying the type of communication number INDUSTRY: Communication Number Qualifier EM Electronic Mail FX Facsimile TE Telephone	<b>X ID 2/2</b>
<b>Required</b>	<b>PER04</b>	<b>364</b>	<b>Communication Number</b> Complete communications number including country or area code when applicable NSF Reference: GX0-30.0, GU0-23.0	<b>X AN 1/80</b>
<b>Situatio</b>	<b>PER05</b>	<b>365</b>	INDUSTRY: Communication Number <b>Communication Number Qualifier</b> Code identifying the type of communication number Used at discretion of submitter. INDUSTRY: Communication Number Qualifier EM Electronic Mail EX Telephone Extension FX Facsimile	<b>X ID 2/2</b>

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			TE	Telephone		
<b>Situatio</b>	<b>PER06</b>	<b>364</b>	<b>Communication Number</b>		<b>X</b>	<b>AN 1/80</b>
			Complete communications number including country or area code when applicable			
			Used at discretion of submitter.			
<b>Situatio</b>	<b>PER07</b>	<b>365</b>	<b>Communication Number Qualifier</b>		<b>X</b>	<b>ID 2/2</b>
			INDUSTRY: Communication Number			
			Code identifying the type of communication number			
			Used at discretion of submitter.			
			INDUSTRY: Communication Number Qualifier			
			EM	Electronic Mail		
			EX	Telephone Extension		
			FX	Facsimile		
			TE	Telephone		
<b>Situatio</b>	<b>PER08</b>	<b>364</b>	<b>Communication Number</b>		<b>X</b>	<b>AN 1/80</b>
			Complete communications number including country or area code when applicable			
			Used at discretion of submitter.			
<b>Not Used</b>	<b>PER09</b>	<b>443</b>	<b>Contact Inquiry Reference</b>		<b>O</b>	<b>AN 1/20</b>
			INDUSTRY: Communication Number			
			Additional reference number or description to clarify a contact number			

<b>Segment:</b>	<b>NM1</b> Referring Provider Name
<b>Position:</b>	500
<b>Loop:</b>	2420F Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required if this service line involves a referral and the referring provider is different than the rendering provider and if the referring provider differs from that reported at the claim level (loop 2310A). All payer-specific identifying numbers belong to the destination payer identified in the 2010BB loop.

When there is only one referral on the service line use code "DN - Referring Provider". When more than one referral exists and there is a requirement to report the additional referral, use code DN in the first iteration of this loop to indicate the referral received by the rendering provider on this service line. Use code "P3 - Primary Care Provider" in the second iteration of the loop to indicate the initial referral from the primary care provider or whatever provider wrote the initial referral for this patient's episode of care being billed/reported in this transaction.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code DN Referring Provider Use on the first iteration of this loop. Use if loop is used only once. P3 Primary Care Provider Physician that is selected by the insured to provide medical care Use only if loop is used twice. Use only on second iteration of this loop.	M ID 2/3
Required	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person	M ID 1/1
Required	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name NSF Reference: FB1-10.0	O AN 1/35
Required	NM104	1036	INDUSTRY: Referring Provider Last Name <b>Name First</b> Individual first name NSF Reference: FB1-11.0  INDUSTRY: Referring Provider First Name	O AN 1/25

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<b>Situatio</b>	<b>NM105</b>	<b>1037</b>	<b>Name Middle</b> Individual middle name or initial Required if NM102=1 and the middle name/initial of the person is known.  NSF Reference: FB1-12.0	<b>O</b>	<b>AN 1/25</b>
<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	INDUSTRY: Referring Provider Middle Name <b>Name Prefix</b> Prefix to individual name	<b>O</b>	<b>AN 1/10</b>
<b>Situatio</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name Required if known.  ALIAS: Referring Provider Generation	<b>O</b>	<b>AN 1/10</b>
<b>Situatio</b>	<b>NM108</b>	<b>66</b>	INDUSTRY: Referring Provider Name Suffix <b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) Required if either Employer's Identification/Social Security Number (Referring Provider tax ID) or National Provider Identifier is known.  INDUSTRY: Identification Code Qualifier 24                      Employer's Identification Number 34                      Social Security Number The social security number may not be used for Medicare. XX                      Health Care Financing Administration National Provider Identifier	<b>X</b>	<b>ID 1/2</b>
<b>Situatio</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code Required if either Employer's Identification/Social Security Number (Referring Provider tax ID) or National Provider Identifier is known.  ALIAS: Referring Provider's Identification Number  NSF Reference: FB1-13.0, FA0-24.0	<b>X</b>	<b>AN 2/80</b>
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	INDUSTRY: Referring Provider Identifier <b>Entity Relationship Code</b> Code describing entity relationship	<b>X</b>	<b>ID 2/2</b>
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	<b>O</b>	<b>ID 2/3</b>

**Segment:** **PRV** Referring Provider Specialty Information  
**Position:** 505  
**Loop:** 2420F Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the identifying characteristics of a provider  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:** Required if required under provider-payer contract.

PRV02 qualifies PRV03.

Data Element Summary				
	Ref. Des.	Data Element	Name	Attributes
Required	PRV01	1221	<b>Provider Code</b>	<b>M ID 1/3</b>
			Code identifying the type of provider INDUSTRY: Provider Code RF Referring	
Required	PRV02	128	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: <a href="http://www.wpc-edi.com">http://www.wpc-edi.com</a> . This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.	
			INDUSTRY: Reference Identification Qualifier ZZ Mutually Defined Health Care Provider Taxonomy Code list	
Required	PRV03	127	<b>Reference Identification</b>	<b>M AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier ALIAS: Provider Specialty Code Provider Specialty Code	
Not Used	PRV04	156	<b>State or Province Code</b>	<b>O ID 2/2</b>
			INDUSTRY: Provider Taxonomy Code Code (Standard State/Province) as defined by appropriate government agency	
Not Used	PRV05	C035	<b>Provider Specialty Information</b>	<b>O</b>
			To provide provider specialty information	
Not Used	C03501	1222	<b>Provider Specialty Code</b>	<b>M AN 1/3</b>
			Code indicating the primary specialty of the provider, as defined by the receiver	
Not Used	C03502	559	<b>Agency Qualifier Code</b>	<b>O ID 2/2</b>
			Code identifying the agency assigning the code values	
Not Used	C03503	1073	<b>Yes/No Condition or Response Code</b>	<b>O ID 1/1</b>
			Code indicating a Yes or No condition or response	
Not Used	PRV06	1223	<b>Provider Organization Code</b>	<b>O ID 3/3</b>
			Code identifying the organizational structure of a provider	

**Segment:** **N2** Additional Referring Provider Name Information

**Position:** 510

**Loop:** 2420F Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b><u>Name</u></b>	<b><u>Attributes</u></b>
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b> Free-form name ALIAS: Referring Provider Additional Name Information	<b>M AN 1/60</b>
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b> INDUSTRY: Referring Provider Name Additional Text Free-form name	<b>O AN 1/60</b>



<b>Segment:</b>	<b>REF</b>	<b>Referring Provider Secondary Identification</b>
<b>Position:</b>	525	
<b>Loop:</b>	2420F	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	5	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.	

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			INDUSTRY: Reference Identification Qualifier	
			0B State License Number	
			1B Blue Shield Provider Number	
			1C Medicare Provider Number	
			1D Medicaid Provider Number	
			1G Provider UPIN Number	
			1H CHAMPUS Identification Number	
			EI Employer's Identification Number	
			G2 Provider Commercial Number	
			A unique number assigned to a provider by a commercial insurer	
			LU Location Number	
			N5 Provider Plan Network Identification Number	
			A number assigned to identify a specific provider in a health care plan network	
			SY Social Security Number	
			The social security number may not be used for Medicare.	
			X5 State Industrial Accident Provider Number	
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			INDUSTRY: Referring Provider Secondary Identifier	
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b>	<b>O</b>
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b>	<b>M AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X ID 2/3</b>

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			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

<b>Segment:</b>	<b>NM1</b> Other Payer Prior Authorization or Referral Number
<b>Position:</b>	500
<b>Loop:</b>	2420G Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	Required when it is necessary, in COB situations, to send a payer-specific line level referral number or prior authorization number. The payer-specific numbers carried in the REF in this loop belong to the non-destination (COB) payers.

The strategy in using this loop is to use NM109 to identify which payer the prior authorization/referral number carried in the REF of this loop belongs to. For example, if there are 2 COB payers (non-destination payers) who have additional referral numbers for this service line the data string for the 2420G loop would look like this:

NM1\*PR\*2\*\*\*\*\*PI\*PAYER #1 ID~

(This payer ID would be identified in an iteration of loop 2330B in it's own 2320 loop)

REF\*9F\*AAAAAAA~

NM1\*PR\*2\*\*\*\*\*PI\*PAYER#2 ID~

(This payer ID would also be identified in an iteration of loop 2330B in it's own 2320 loop) REF\*9F\*2BBBBBB~

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>NM101</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code PR Payer	<b>M ID 2/3</b>
<b>Required</b>	<b>NM102</b>	<b>1065</b>	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 2 Non-Person Entity	<b>M ID 1/1</b>
<b>Required</b>	<b>NM103</b>	<b>1035</b>	<b>Name Last or Organization Name</b> Individual last name or organizational name ALIAS: Payer Name INDUSTRY: Payer Name	<b>O AN 1/35</b>
<b>Not Used</b>	<b>NM104</b>	<b>1036</b>	<b>Name First</b> Individual first name	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM105</b>	<b>1037</b>	<b>Name Middle</b> Individual middle name or initial	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	<b>Name Prefix</b> Prefix to individual name	<b>O AN 1/10</b>
<b>Not Used</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name	<b>O AN 1/10</b>
<b>Required</b>	<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b>	<b>X ID 1/2</b>

Code designating the system/method of code structure used for Identification Code (67)

INDUSTRY: Identification Code Qualifier

PI Payor Identification

XV Health Care Financing Administration National Payer Identification Number (PAYERID)

<b>Required</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b>	<b>X</b>	<b>AN 2/80</b>
			Code identifying a party or other code		
			Must match corresponding Other Payer Identifier in NM109 in 2330B loop(s).		
			ALIAS: Other Payer Identification		
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	INDUSTRY: Other Payer Identification Number <b>Entity Relationship Code</b>	<b>X</b>	<b>ID 2/2</b>
			Code describing entity relationship		
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O</b>	<b>ID 2/3</b>
			Code identifying an organizational entity, a physical location, property or an individual		

<b>Segment:</b>	<b>REF</b> Other Payer Prior Authorization or Referral Number
<b>Position:</b>	525
<b>Loop:</b>	2420G Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	2
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	1 REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Non-destination (COB) payers' provider identification number(s).

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 9F Referral Number G1 Prior Authorization Number An authorization number acquired prior to the submission of a claim	M ID 2/3
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier ALIAS: Other Payer Prior Authorization or Referral Number	X AN 1/30
Not Used	REF03	352	<b>Description</b> INDUSTRY: Other Payer Prior Authorization or Referral Number A free-form description to clarify the related data elements and their content	X AN 1/80
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M ID 2/3
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30
Not Used	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30

**Segment: SVD Line Adjudication Information****Position:** 540**Loop:** 2430 Optional**Level:** Detail**Usage:** Optional**Max Use:** 1**Purpose:** To convey service line adjudication information for coordination of benefits between the initial payers of a health care claim and all subsequent payers**Syntax Notes:****Semantic Notes:**

- 1 SVD01 is the payer identification code.
- 2 SVD02 is the amount paid for this service line.
- 3 SVD04 is the revenue code.
- 4 SVD05 is the paid units of service.

**Comments:** 1 SVD03 represents the medical procedure code upon which adjudication of this service line was based. This may be different than the submitted medical procedure code.

2 SVD06 is only used for bundling of service lines. It references the LX Assigned Number of the service line into which this service line was bundled.

**Notes:** To show unbundled lines: If, in the original claim, line 3 is unbundled into (for examples) 2 additional lines, then the SVD for line 3 is used 3 times: once for the original adjustment to line 3 and then two more times for the additional unbundled lines. If a line item control number (REF01 = 6R) exists for the line, that number may be used in SVD06 instead of the LX number when a line is unbundled.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required if claim has been previously adjudicated by payer identified in Loop 2330B and service line has adjustments applied to it.

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>SVD01</b>	<b>67</b>	<b>Identification Code</b>	<b>M AN 2/80</b>
			Code identifying a party or other code	
			This number should match NM109 in Loop ID-2330B identifying Other Payer.	
			ALIAS: Other Payer identification code	
<b>Required</b>	<b>SVD02</b>	<b>782</b>	<b>Monetary Amount</b>	<b>M R 1/18</b>
			INDUSTRY: Other Payer Primary Identifier	
			Monetary amount	
			Zero "0" is an acceptable value for this element.	
			The FA0-52.0 NSF crosswalk is only used in payer-to-payer COB situations.	
			ALIAS: Paid Amount	
			NSF Reference: FA0-52.0	
<b>Required</b>	<b>SVD03</b>	<b>C003</b>	<b>Composite Medical Procedure Identifier</b>	<b>O</b>
			INDUSTRY: Service Line Paid Amount	
			To identify a medical procedure by its standardized codes and applicable modifiers	
			This element contains the procedure code that was used to pay this service line. It crosswalks from SVC01 in the 835 transmission.	

<b>Required</b>	<b>C00301</b>	<b>235</b>	<p>ALIAS: Procedure identifier</p> <p><b>Product/Service ID Qualifier</b> <b>M ID 2/2</b></p> <p>Code identifying the type/source of the descriptive number used in Product/Service ID (234)</p> <p>INDUSTRY: Product or Service ID Qualifier</p> <p>HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under Medicare; primarily used for ambulatory surgical and other diagnostic departments Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.</p> <p>IV Home Infusion EDI Coalition (HIEC) Product/Service Code</p> <p>N1 National Drug Code in 4-4-2 Format 4-digit manufacturer ID, 4-digit product ID, 2-digit trade package size</p> <p>N2 National Drug Code in 5-3-2 Format 5-digit manufacturer ID, 3-digit product ID, 2-digit trade package size</p> <p>N3 National Drug Code in 5-4-1 Format 5-digit manufacturer ID, 4-digit product ID, 1-digit trade package size</p> <p>N4 National Drug Code in 5-4-2 Format 5-digit manufacturer ID, 4-digit product ID, 2-digit trade package size</p> <p>ZZ Mutually Defined Jurisdictionally Defined Procedure and Supply Codes. (Used for Worker's Compensation claims). Contact your local (State) Jurisdiction for a list of these codes.</p>	
<b>Required</b>	<b>C00302</b>	<b>234</b>	<p><b>Product/Service ID</b> <b>M AN 1/48</b></p> <p>Identifying number for a product or service</p> <p>INDUSTRY: Procedure Code</p>	
<b>Situatio</b>	<b>C00303</b>	<b>1339</b>	<p><b>Procedure Modifier</b> <b>O AN 2/2</b></p> <p>This identifies special circumstances related to the performance of the service, as defined by trading partners Use this modifier for the first procedure code modifier.</p> <p>Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.</p> <p>ALIAS: Procedure Modifier 1</p>	
<b>Situatio</b>	<b>C00304</b>	<b>1339</b>	<p>INDUSTRY: Procedure Modifier</p> <p><b>Procedure Modifier</b> <b>O AN 2/2</b></p> <p>This identifies special circumstances related to the performance of the service, as defined by trading partners Use this modifier for the second procedure code modifier.</p> <p>Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.</p> <p>ALIAS: Procedure Modifier 2</p>	
<b>Situatio</b>	<b>C00305</b>	<b>1339</b>	<p>INDUSTRY: Procedure Modifier</p> <p><b>Procedure Modifier</b> <b>O AN 2/2</b></p> <p>This identifies special circumstances related to the performance of the service,</p>	

as defined by trading partners  
Use this modifier for the third procedure code modifier.

Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.

ALIAS: Procedure Modifier 3

<b>Situatio</b>	<b>C00306</b>	<b>1339</b>	INDUSTRY: Procedure Modifier <b>Procedure Modifier</b>	<b>O AN 2/2</b>
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This identifies special circumstances related to the performance of the service, as defined by trading partners  
Use this modifier for the fourth procedure code modifier.

Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.

ALIAS: Procedure Modifier 4

<b>Situatio</b>	<b>C00307</b>	<b>352</b>	INDUSTRY: Procedure Modifier <b>Description</b>	<b>O AN 1/80</b>
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A free-form description to clarify the related data elements and their content  
Required if SVC01-7 was returned in the 835 transaction.

<b>Not Used</b>	<b>SVD04</b>	<b>234</b>	INDUSTRY: Procedure Code Description <b>Product/Service ID</b>	<b>O AN 1/48</b>
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Identifying number for a product or service

<b>Required</b>	<b>SVD05</b>	<b>380</b>	<b>Quantity</b>	<b>O R 1/15</b>
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Numeric value of quantity  
Crosswalk from SVC05 in 835 or, if not present in 835, use original billed units.

ALIAS: Paid units of service

<b>Situatio</b>	<b>SVD06</b>	<b>554</b>	INDUSTRY: Paid Service Unit Count <b>Assigned Number</b>	<b>O N0 1/6</b>
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Number assigned for differentiation within a transaction set  
Use the LX from this transaction which points to the bundled/unbundled line.

Required if payer bundled/unbundled this service line.

ALIAS: Bundled/Unbundled Line Number

INDUSTRY: Bundled or Unbundled Line Number



**Segment: CAS Line Adjustment****Position:** 545**Loop:** 2430 Optional**Level:** Detail**Usage:** Optional**Max Use:** 99**Purpose:** To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

- Syntax Notes:**
- 1 If CAS05 is present, then at least one of CAS06 or CAS07 is required.
  - 2 If CAS06 is present, then CAS05 is required.
  - 3 If CAS07 is present, then CAS05 is required.
  - 4 If CAS08 is present, then at least one of CAS09 or CAS10 is required.
  - 5 If CAS09 is present, then CAS08 is required.
  - 6 If CAS10 is present, then CAS08 is required.
  - 7 If CAS11 is present, then at least one of CAS12 or CAS13 is required.
  - 8 If CAS12 is present, then CAS11 is required.
  - 9 If CAS13 is present, then CAS11 is required.
  - 10 If CAS14 is present, then at least one of CAS15 or CAS16 is required.
  - 11 If CAS15 is present, then CAS14 is required.
  - 12 If CAS16 is present, then CAS14 is required.
  - 13 If CAS17 is present, then at least one of CAS18 or CAS19 is required.
  - 14 If CAS18 is present, then CAS17 is required.
  - 15 If CAS19 is present, then CAS17 is required.

- Semantic Notes:**
- 1 CAS03 is the amount of adjustment.
  - 2 CAS04 is the units of service being adjusted.
  - 3 CAS06 is the amount of the adjustment.
  - 4 CAS07 is the units of service being adjusted.
  - 5 CAS09 is the amount of the adjustment.
  - 6 CAS10 is the units of service being adjusted.
  - 7 CAS12 is the amount of the adjustment.
  - 8 CAS13 is the units of service being adjusted.
  - 9 CAS15 is the amount of the adjustment.
  - 10 CAS16 is the units of service being adjusted.
  - 11 CAS18 is the amount of the adjustment.
  - 12 CAS19 is the units of service being adjusted.

- Comments:**
- 1 Adjustment information is intended to help the provider balance the remittance information. Adjustment amounts should fully explain the difference between submitted charges and the amount paid.

- Notes:**
- 2 When the submitted charges are paid in full, the value for CAS03 should be zero.
- Required if the payer identified in Loop 2330B made line level adjustments which caused the amount paid to differ from the amount originally charged.

Mapping CAS information into a flat file format may involve reading specific Claim Adjustment Reason Codes and then mapping the subsequent Monetary Amount and/or Quantity elements to specific fields in the flat file.

There are some NSF COB elements which are covered through the use of the CAS segment. Please see the claim level CAS segment for a note on handling those crosswalks at the claim level. Some of that information may apply at the line level. Further information is given below which is more specific to line level issues.

Balance bill limiting charge (FA0-54.0). The adjustment for this information would be conveyed in a CAS amount element if the provider billed for more than they were allowed to under contract.

The Claim Adjustment Reason codes are located on the Washington Publishing Company web site <http://www.wpc-edi.com>.

**Data Element Summary**

Ref.	Data
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	<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>CAS01</b>	<b>1033</b>	<b>Claim Adjustment Group Code</b> Code identifying the general category of payment adjustment ALIAS: Adjustment Group Code  INDUSTRY: Claim Adjustment Group Code CO Contractual Obligations CR Correction and Reversals OA Other adjustments PI Payor Initiated Reductions PR Patient Responsibility	<b>M ID 1/2</b>
<b>Required</b>	<b>CAS02</b>	<b>1034</b>	<b>Claim Adjustment Reason Code</b> Code identifying the detailed reason the adjustment was made Use the Claim Adjustment Reason Code list (See Appendix C).  ALIAS: Adjustment Reason Code - Line Level  NSF Reference: FB3-05.0, FB3-07.0, FB3-09.0, FB3-11.0, FB3-13.0, FB3-15.0, FB3-17.0	<b>M ID 1/5</b>
<b>Required</b>	<b>CAS03</b>	<b>782</b>	INDUSTRY: Adjustment Reason Code <b>Monetary Amount</b> Monetary amount Use this amount for the adjustment amount.  ALIAS: Adjusted Amount - Line Level  NSF Reference: FA0-27.0, FA0-28.0, FA0-35.0, FA0-48.0, FB0-06.0, FB0-07.0, FB0-08.0, FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-16.0, FB3-18.0, FA0-53.0, FA0-54.0	<b>M R 1/18</b>
<b>Situatio</b>	<b>CAS04</b>	<b>380</b>	INDUSTRY: Adjustment Amount <b>Quantity</b> Numeric value of quantity Use this quantity for the units of service being adjusted.  Use as needed to show payer adjustment.  ALIAS: Adjusted Units - Line Level	<b>O R 1/15</b>
<b>Situatio</b>	<b>CAS05</b>	<b>1034</b>	INDUSTRY: Adjustment Quantity <b>Claim Adjustment Reason Code</b> Code identifying the detailed reason the adjustment was made Use as needed to show payer adjustment.  Use the Claim Adjustment Reason Code list (See Appendix C).  ALIAS: Adjustment Reason Code - Line Level  NSF Reference: FB3-05.0, FB3-07.0, FB3-09.0, FB3-11.0, FB3-13.0, FB3-15.0, FB3-17.0	<b>X ID 1/5</b>
<b>Situatio</b>	<b>CAS06</b>	<b>782</b>	INDUSTRY: Adjustment Reason Code <b>Monetary Amount</b> Monetary amount Use this amount for the adjustment amount.	<b>X R 1/18</b>

Use as needed to show payer adjustment.

ALIAS: Adjusted Amount - Line Level

NSF Reference: FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-16.0, FB3-18.0, FA0-53.0, FA0-54.0

<b>Situatio</b>	<b>CAS07</b>	<b>380</b>	INDUSTRY: Adjustment Amount <b>Quantity</b>	<b>X</b>	<b>R 1/15</b>
			Numeric value of quantity		
			Use this quantity for the units of service being adjusted.		

Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Line Level

<b>Situatio</b>	<b>CAS08</b>	<b>1034</b>	INDUSTRY: Adjustment Quantity <b>Claim Adjustment Reason Code</b>	<b>X</b>	<b>ID 1/5</b>
			Code identifying the detailed reason the adjustment was made		
			Use as needed to show payer adjustment.		

Use the Claim Adjustment Reason Code list (See Appendix C).

ALIAS: Adjustment Reason Code - Line Level

NSF Reference: FB3-05.0, FB3-07.0, FB3-09.0, FB3-11.0, FB3-13.0, FB3-15.0, FB3-17.0

<b>Situatio</b>	<b>CAS09</b>	<b>782</b>	INDUSTRY: Adjustment Reason Code <b>Monetary Amount</b>	<b>X</b>	<b>R 1/18</b>
			Monetary amount		
			Use this amount for the adjustment amount.		

Use as needed to show payer adjustment.

ALIAS: Adjusted Amount - Line Level

NSF Reference: FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-16.0, FB3-18.0, FA0-53.0, FA0-54.0

<b>Situatio</b>	<b>CAS10</b>	<b>380</b>	INDUSTRY: Adjustment Amount <b>Quantity</b>	<b>X</b>	<b>R 1/15</b>
			Numeric value of quantity		
			Use this quantity for the units of service being adjusted.		

Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Line Level

<b>Situatio</b>	<b>CAS11</b>	<b>1034</b>	INDUSTRY: Adjustment Quantity <b>Claim Adjustment Reason Code</b>	<b>X</b>	<b>ID 1/5</b>
			Code identifying the detailed reason the adjustment was made		
			Use as needed to show payer adjustment.		

Use the Claim Adjustment Reason Code list (See Appendix C).

ALIAS: Adjustment Reason Code - Line Level

NSF Reference: FB3-05.0, FB3-07.0, FB3-09.0, FB3-11.0, FB3-13.0, FB3-15.0, FB3-17.0

<b>Situatio</b>	<b>CAS12</b>	<b>782</b>	INDUSTRY: Adjustment Reason Code <b>Monetary Amount</b>	<b>X</b>	<b>R 1/18</b>
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Monetary amount

Use this amount for the adjustment amount.

Use as needed to show payer adjustment.

ALIAS: Adjusted Amount - Line Level

NSF Reference: FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-16.0, FB3-18.0, FA0-53.0, FA0-54.0

<b>Situatio</b>	<b>CAS13</b>	<b>380</b>	INDUSTRY: Adjustment Amount <b>Quantity</b>	<b>X</b>	<b>R 1/15</b>
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Numeric value of quantity

Use this quantity for the units of service being adjusted.

Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Line Level

<b>Situatio</b>	<b>CAS14</b>	<b>1034</b>	INDUSTRY: Adjustment Quantity <b>Claim Adjustment Reason Code</b>	<b>X</b>	<b>ID 1/5</b>
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Code identifying the detailed reason the adjustment was made

Use as needed to show payer adjustment.

Use the Claim Adjustment Reason Code list (See Appendix C).

ALIAS: Adjustment Reason Code - Line Level

NSF Reference: FB3-05.0, FB3-07.0, FB3-09.0, FB3-11.0, FB3-13.0, FB3-15.0, FB3-17.0

<b>Situatio</b>	<b>CAS15</b>	<b>782</b>	INDUSTRY: Adjustment Reason Code <b>Monetary Amount</b>	<b>X</b>	<b>R 1/18</b>
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Monetary amount

Use this amount for the adjustment amount.

Use as needed to show payer adjustment.

ALIAS: Adjusted Amount - Line Level

NSF Reference: FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-16.0, FB3-18.0, FA0-53.0, FA0-54.0

<b>Situatio</b>	<b>CAS16</b>	<b>380</b>	INDUSTRY: Adjustment Amount <b>Quantity</b>	<b>X</b>	<b>R 1/15</b>
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Numeric value of quantity

Use this quantity for the units of service being adjusted.

Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Line Level

INDUSTRY: Adjustment Quantity

<b>Situatio</b>	<b>CAS17</b>	<b>1034</b>	<b>Claim Adjustment Reason Code</b> <b>X ID 1/5</b> Code identifying the detailed reason the adjustment was made Use as needed to show payer adjustment.  Use the Claim Adjustment Reason Code list (See Appendix C).  ALIAS: Adjustment Reason Code - Line Level  NSF Reference: FB3-05.0, FB3-07.0, FB3-09.0, FB3-11.0, FB3-13.0, FB3-15.0, FB3-17.0
<b>Situatio</b>	<b>CAS18</b>	<b>782</b>	INDUSTRY: Adjustment Reason Code <b>Monetary Amount</b> <b>X R 1/18</b> Monetary amount Use this amount for the adjustment amount.  Use as needed to show payer adjustment.  ALIAS: Adjusted Amount - Line Level  NSF Reference: FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-16.0, FB3-18.0, FA0-53.0, FA0-54.0
<b>Situatio</b>	<b>CAS19</b>	<b>380</b>	INDUSTRY: Adjustment Amount <b>Quantity</b> <b>X R 1/15</b> Numeric value of quantity Use this quantity for the units of service being adjusted.  Use as needed to show payer adjustment.  ALIAS: Adjusted Units - Line Level  INDUSTRY: Adjustment Quantity

**Segment:** **DTP** Line Adjudication Date

**Position:** 550

**Loop:** 2430 Optional

**Level:** Detail

**Usage:** Optional (Must Use)

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			573 Date Claim Paid	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			INDUSTRY: Adjudication or Payment Date	

<b>Segment:</b>	<b>LQ</b> Form Identification Code
<b>Position:</b>	551
<b>Loop:</b>	2440 Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	Code to transmit standard industry codes
<b>Syntax Notes:</b>	1 If LQ01 is present, then LQ02 is required.
<b>Semantic Notes:</b>	
<b>Comments:</b>	
<b>Notes:</b>	Required if the provider is required to routinely include supporting documentation (a standardized paper form) in electronic format. An example is for Medicare DMERC claims for which the provider is required to obtain a certificate of medical necessity (CMN) from the physician. Medicare or other payers may require other supporting documentation for other types of claims (e.g., home health).

The 2440 loop is designed to allow providers to attach any type of standardized supplemental information to the claim when required to do so by the payer. The LQ segment contains information to identify the form (LQ01) and the specific form number (LQ02). In the example given below, LQ01=UT which identifies the form as a Medicare DMERC CMN form. LQ02=0102A identifies which DMERC CMN form is being used. See Appendix K and the FRM segment for further notes on use of this loop.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then the LQ and FRM segments are "Required".

Loop 2440 was approved by ASC X12 in the version 004011 Data Dictionary but is included in this guide to provide standard way to report DMERC claims within the HIPAA implementation time frame. It is recommended that entities who have a need to submit or receive DMERC claims customize their 004010 translator map to allow this loop.

Data Element Summary				
	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
Required	LQ01	1270	<b>Code List Qualifier Code</b>	<b>O ID 1/3</b>
			Code identifying a specific industry code list	
			ALIAS: Form Identification Code	
			INDUSTRY: Code List Qualifier Code	
			AS Form Type Code	
			Use code AS to indicate that a Home Health form is being identified.	
			UT Health Care Financing Administration (HCFA) Durable Medical Equipment Regional Carrier (DMERC) Certificate of Medical Necessity (CMN) Forms	
Required	LQ02	1271	<b>Industry Code</b>	<b>X AN 1/30</b>
			Code indicating a code from a specific industry code list	
			ALIAS: Form Identifier	
			NSF Reference: GU0-25.0	
			INDUSTRY: Form Identifier	

<b>Segment:</b>	<b>FRM</b>	<b>Supporting Documentation</b>
<b>Position:</b>	552	
<b>Loop:</b>	2440	Optional
<b>Level:</b>	Detail	
<b>Usage:</b>	Mandatory	
<b>Max Use:</b>	99	
<b>Purpose:</b>	To specify information in response to a codified questionnaire document	
<b>Syntax Notes:</b>	<b>1</b> At least one of FRM02 FRM03 FRM04 or FRM05 is required.	
<b>Semantic Notes:</b>		
<b>Comments:</b>		
<b>Notes:</b>	<p>The LQ segment is used to identify the general (LQ01) and specific type (LQ02) for the form being reported in the 2440. The FRM segment is used to answer specific questions on the form identified in the LQ. FRM01 is used to indicate the question being answered. Answers can take one of 4 forms: FRM02 for Yes/No questions, FRM03 for text/uncodified answers, FRM04 for answers which use dates, and FRM05 for answers which are percents. For each FRM01 (question) use a remaining FRM element, choosing the element which has the most appropriate format. One FRM segment is used for each question/answer pair.</p> <p>The example below shows how the FRM can be used to answer all the pertinent questions on DMERC form 0802 (LQ*UT*0802~). See Appendix K - Supporting Documentation Example, for a more detailed explanation of how to use the 2440 Loop.</p> <p>Loop 2440 was approved by ASC X12 in the version 004011 Data Dictionary but is included in this guide to provide standard way to report DMERC claims within the HIPAA implementation time frame. It is recommended that entities who have a need to submit or receive DMERC claims customize their 004010 translator map to allow this loop.</p>	

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>FRM01</b>	<b>350</b>	<b>Assigned Identification</b>	<b>M AN 1/20</b>
			Alphanumeric characters assigned for differentiation within a transaction set ALIAS: Question Number/Letter	
<b>Situatio</b>	<b>FRM02</b>	<b>1073</b>	INDUSTRY: Question Number/Letter <b>Yes/No Condition or Response Code</b>	<b>X ID 1/1</b>
			Code indicating a Yes or No condition or response FRM02, 03, 04, or 05 is required.	
			Used to answer question identified in FRM01 which utilizes a Yes/No response format.	
			ALIAS: Question Response	
			NSF Reference: GU0-26.0, GU0-27.0, GU0-28.0, GU0-29.0, GU0-30.0, GU0-31.0, GU0-32.0, GU0-33.0, GU0-34.0, GU0-35.0, GU0-36.0, GU0-37.0, GU0-38.0, GU0-39.0, GU0-40.0, GU0-43.0, GU0-44.0	
			INDUSTRY: Question Response N No W Not Applicable Y Yes	
<b>Situatio</b>	<b>FRM03</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier FRM02, 03, 04, or 05 is required.	



Used to answer question identified in FRM01 which utilizes a text or uncodified response format.

ALIAS: Question Response

NSF Reference: GU0-28.0, GU0-31.0, GU0-33.0, GU0-45.0, GU0-46.0, GU0-47.0, GU0-48.0, GU0-49.0, GU0-50.0, GU0-51.0, GU0-57.0, GU0-58.0, GU0-59.0, GU0-60.0, GU0-61.0, GU0-62.0, GU0-63.0, GU0-64.0, GU0-65.0, GU0-66.0, GU0-67.0, GU0-68.0

<b>Situatio</b>	<b>FRM04</b>	<b>373</b>	INDUSTRY: Question Response	
			<b>Date</b>	<b>X DT 8/8</b>
			Date expressed as CCYYMMDD	
			FRM02, 03, 04, or 05 is required.	

Used to answer question identified in FRM01 which utilizes a date response format.

ALIAS: Question Response

NSF Reference: GU0-53.0, GU0-54.0, GU0-55.0, GU0-56.0

<b>Situatio</b>	<b>FRM05</b>	<b>332</b>	INDUSTRY: Question Response	
			<b>Percent</b>	<b>X R 1/6</b>
			Percent expressed as a percent	
			FRM02, 03, 04, or 05 is required.	

Used to answer question identified in FRM01 which utilizes a percent response format.

ALIAS: Question Response

NSF Reference: GU0-69.0, GU0-70.0, GU0-71.0

INDUSTRY: Question Response

**Segment:** **HL Patient Hierarchical Level**  
**Position:** 001  
**Loop:** 2000C Optional  
**Level:** Summary  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

**Syntax Notes:****Semantic Notes:**

- Comments:**
- 1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.  
The HL segment defines a top-down/left-right ordered structure.
  - 2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
  - 3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
  - 4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
  - 5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.
- Notes:** This HL is required when the patient is a different person than the subscriber. There are no HLs subordinate to the Patient HL.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Patient Hierarchical Level loops, there is an implied maximum of 5000.

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>HL01</b>	<b>628</b>	<b>Hierarchical ID Number</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure INDUSTRY: Hierarchical ID Number	<b>M AN 1/12</b>
<b>Required</b>	<b>HL02</b>	<b>734</b>	<b>Hierarchical Parent ID Number</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to INDUSTRY: Hierarchical Parent ID Number	<b>O AN 1/12</b>
<b>Required</b>	<b>HL03</b>	<b>735</b>	<b>Hierarchical Level Code</b> Code defining the characteristic of a level in a hierarchical structure INDUSTRY: Hierarchical Level Code 23 Dependent Identifies the individual who is affiliated with the subscriber, such as spouse, child, etc., and therefore may be entitled to benefits	<b>M ID 1/2</b>

The code DEPENDENT is meant to convey that the information in this HL applies to the patient when the subscriber and the patient are not the same person.

<b>Required</b>	<b>HL04</b>	<b>736</b>	<b>Hierarchical Child Code</b>	<b>O ID 1/1</b>
			Code indicating if there are hierarchical child data segments subordinate to the level being described	
			INDUSTRY: Hierarchical Child Code	
		0	No Subordinate HL Segment in This Hierarchical Structure.	

<b>Segment:</b>	<b>PAT</b> Patient Information
<b>Position:</b>	007
<b>Loop:</b>	2000C Optional
<b>Level:</b>	Summary
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply patient information
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 If either PAT05 or PAT06 is present, then the other is required.</li> <li>2 If either PAT07 or PAT08 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	<ol style="list-style-type: none"> <li>1 PAT06 is the date of death.</li> <li>2 PAT08 is the patient's weight.</li> <li>3 PAT09 indicates whether the patient is pregnant or not pregnant. Code "Y" indicates the patient is pregnant; code "N" indicates the patient is not pregnant.</li> </ol>
<b>Comments:</b>	

Data Element Summary			
Ref.	Data	Name	Attributes
Des.	Element		
Required	PAT01	1069 Individual Relationship Code	O ID 2/2
Code indicating the relationship between two individuals or entities			
ALIAS: Patients Relationship to Insured			
NSF Reference: DA0-17.0			
INDUSTRY: Individual Relationship Code			
	01	Spouse	
	04	Grandfather or Grandmother	
	05	Grandson or Granddaughter	
	07	Nephew or Niece	
	09	Adopted Child	
	10	Foster Child	
	15	Ward	
	17	Stepson or Stepdaughter	
	19	Child	
		Dependent between the ages of 0 and 19; age qualifications may vary depending on policy	
	20	Employee	
	21	Unknown	
	22	Handicapped Dependent	
	23	Sponsored Dependent	
		Dependents between the ages of 19 and 25 not attending school; age qualifications may vary depending on policy	
	24	Dependent of a Minor Dependent	
		A child not legally of age who has been granted adult status	
	29	Significant Other	
	32	Mother	
	33	Father	
	34	Other Adult	
	36	Emancipated Minor	
		A person who has been judged by a court of competent jurisdiction to be allowed to act in his or her own interest; no adult is legally responsible for this minor; this may be declared as a result of marriage	

			39	Organ Donor Individual receiving medical service in order to donate organs for a transplant
			40	Cadaver Donor Deceased individual donating body to be used for research or transplants
			41	Injured Plaintiff
			43	Child Where Insured Has No Financial Responsibility Child is covered by the insured but the insured is not the legal guardian
			53	Life Partner
			G8	Other Relationship
Not Used	PAT02	1384	<b>Patient Location Code</b>	<b>O ID 1/1</b> Code identifying the location where patient is receiving medical treatment
Not Used	PAT03	584	<b>Employment Status Code</b>	<b>O ID 2/2</b> Code showing the general employment status of an employee/claimant
Not Used	PAT04	1220	<b>Student Status Code</b>	<b>O ID 1/1</b> Code indicating the student status of the patient if 19 years of age or older, not handicapped and not the insured
Situatio	PAT05	1250	<b>Date Time Period Format Qualifier</b>	<b>X ID 2/3</b> Code indicating the date format, time format, or date and time format Required if patient is known to be deceased.
				INDUSTRY: Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD
Situatio	PAT06	1251	<b>Date Time Period</b>	<b>X AN 1/35</b> Expression of a date, a time, or range of dates, times or dates and times Required if patient is known to be deceased.
				ALIAS: Date of Death NSF Reference: CA0-21.0
Situatio	PAT07	355	<b>Unit or Basis for Measurement Code</b>	<b>X ID 2/2</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Required on claims/encounters for delivery services (newborn's birthweight).
				INDUSTRY: Unit or Basis for Measurement Code GR Gram This data element is used when the patient's age is less than 29 days old.
Situatio	PAT08	81	<b>Weight</b>	<b>X R 1/10</b> Numeric value of weight Required on claims/encounters where the patient's age is less than 29 days.
				ALIAS: Patient Weight NSF Reference: FA0-44.0, GU0-17.0
Situatio	PAT09	1073	<b>Yes/No Condition or Response Code</b>	<b>O ID 1/1</b> Code indicating a Yes or No condition or response Required when required by state law (e.g., Indiana Medicaid). The "Y" code indicates that the patient is pregnant. If PAT09 is not used it means the patient

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is not pregnant.

INDUSTRY: Pregnancy Indicator  
Y Yes

<b>Segment:</b>	<b>NM1 Patient Name</b>
<b>Position:</b>	015
<b>Loop:</b>	2010CA Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.

Data Element Summary				
	Ref. Des.	Data Element	Name	Attributes
Required	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code QC Patient Individual receiving medical care	M ID 2/3
Required	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person Individual receiving medical care	M ID 1/1
Required	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name ALIAS: Patient Last Name  NSF Reference: CA0-04.0	O AN 1/35
Required	NM104	1036	INDUSTRY: Patient Last Name <b>Name First</b> Individual first name ALIAS: Patient First Name  NSF Reference: CA0-05.0	O AN 1/25
Situatio	NM105	1037	INDUSTRY: Patient First Name <b>Name Middle</b> Individual middle name or initial Required if NM102=1 and the middle name/initial of the person is known.  ALIAS: Patient Middle Initial  NSF Reference: CA0-06.0	O AN 1/25
Not Used	NM106	1038	INDUSTRY: Patient Middle Name <b>Name Prefix</b> Prefix to individual name	O AN 1/10
Situatio	NM107	1039	<b>Name Suffix</b> Suffix to individual name Required if known.  ALIAS: Patient Generation	O AN 1/10

NSF Reference: CA0-07.0

<b>Situatio</b>	<b>NM108</b>	<b>66</b>	<p>INDUSTRY: Patient Name Suffix</p> <p><b>Identification Code Qualifier</b> <b>X ID 1/2</b></p> <p>Code designating the system/method of code structure used for Identification Code (67)</p> <p>Required if the patient identifier is different than the subscriber identifier.</p> <p>INDUSTRY: Identification Code Qualifier</p> <p><b>MI</b> Member Identification Number</p> <p>The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number. Therefore the 837 Professional Workgroup recommends using MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Health Insurance Claim Number (HIC), etc.</p> <p><b>ZZ</b> Mutually Defined</p> <p>The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.</p>
<b>Situatio</b>	<b>NM109</b>	<b>67</b>	<p><b>Identification Code</b> <b>X AN 2/80</b></p> <p>Code identifying a party or other code</p> <p>Required if the patient identifier is different than the subscriber identifier.</p> <p>ALIAS: Patient's Primary Identification Number</p> <p>NSF Reference: DA0-18.0</p>
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	<p>INDUSTRY: Patient Primary Identifier</p> <p><b>Entity Relationship Code</b> <b>X ID 2/2</b></p> <p>Code describing entity relationship</p>
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<p><b>Entity Identifier Code</b> <b>O ID 2/3</b></p> <p>Code identifying an organizational entity, a physical location, property or an individual</p>



**Segment:** **N2 Additional Patient Name Information**

**Position:** 020

**Loop:** 2010CA Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b> Free-form name ALIAS: Patient Additional Name Information	<b>M AN 1/60</b>
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b> INDUSTRY: Patient Additional Name Free-form name	<b>O AN 1/60</b>

**Segment:** **N3 Patient Address**  
**Position:** 025  
**Loop:** 2010CA Optional (Must Use)  
**Level:** Summary  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**

Data Element Summary				
	Ref. Des.	Data Element	Name	Attributes
Required	N301	166	Address Information Address information ALIAS: Patient Address 1  NSF Reference: CA0-11.0	M AN 1/55
Situatio	N302	166	INDUSTRY: Patient Address Line Address Information Address information Required if a second address line exists.  ALIAS: Patient Address 2  NSF Reference: CA0-12.0  INDUSTRY: Patient Address Line	O AN 1/55

**Segment:** **N4 Patient City/State/ZIP Code**  
**Position:** 030  
**Loop:** 2010CA Optional (Must Use)  
**Level:** Summary  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the geographic place of the named party  
**Syntax Notes:** 1 If N406 is present, then N405 is required.  
**Semantic Notes:**  
**Comments:** 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.  
2 N402 is required only if city name (N401) is in the U.S. or Canada.

Data Element Summary				
	Ref.	Data		
	Des.	Element	Name	Attributes
Required	N401	19	City Name	O AN 2/30
			Free-form text for city name	
			ALIAS: Patient City Name	
			NSF Reference: CA0-13.0	
Required	N402	156	INDUSTRY: Patient City Name State or Province Code	O ID 2/2
			Code (Standard State/Province) as defined by appropriate government agency	
			ALIAS: Patient State Code	
			NSF Reference: CA0-14.0	
Required	N403	116	INDUSTRY: Patient State Code Postal Code	O ID 3/15
			Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	
			ALIAS: Patient Zip Code	
			NSF Reference: CA0-15.0	
Situatio	N404	26	INDUSTRY: Patient Postal Zone or ZIP Code Country Code	O ID 2/3
			Code identifying the country	
			Required if the address is out of the U.S.	
			ALIAS: Patient Country Code	
Not Used	N405	309	INDUSTRY: Country Code Location Qualifier	X ID 1/2
			Code identifying type of location	
Not Used	N406	310	Location Identifier	O AN 1/30
			Code which identifies a specific location	

**Segment:** **DMG Patient Demographic Information**  
**Position:** 032  
**Loop:** 2010CA Optional (Must Use)  
**Level:** Summary  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To supply demographic information  
**Syntax Notes:** 1 If either DMG01 or DMG02 is present, then the other is required.  
**Semantic Notes:** 1 DMG02 is the date of birth.  
2 DMG07 is the country of citizenship.  
3 DMG09 is the age in years.  
**Comments:**

Data Element Summary					
	Ref.	Data	Name	Attributes	
	Des.	Element			
Required	DMG01	1250	<b>Date Time Period Format Qualifier</b>	X	ID 2/3
Code indicating the date format, time format, or date and time format					
INDUSTRY: Date Time Period Format Qualifier					
D8 Date Expressed in Format CCYYMMDD					
Required	DMG02	1251	<b>Date Time Period</b>	X	AN 1/35
Expression of a date, a time, or range of dates, times or dates and times					
ALIAS: Date of Birth					
NSF Reference: CA0-08.0					
Required	DMG03	1068	INDUSTRY: Patient Birth Date <b>Gender Code</b>	O	ID 1/1
Code indicating the sex of the individual					
ALIAS: Gender - Patient					
NSF Reference: CA0-09.0					
INDUSTRY: Patient Gender Code					
F Female					
M Male					
U Unknown					
Not Used	DMG04	1067	<b>Marital Status Code</b>	O	ID 1/1
Code defining the marital status of a person					
Not Used	DMG05	1109	<b>Race or Ethnicity Code</b>	O	ID 1/1
Code indicating the racial or ethnic background of a person; it is normally self-reported; Under certain circumstances this information is collected for United States Government statistical purposes					
Not Used	DMG06	1066	<b>Citizenship Status Code</b>	O	ID 1/2
Code indicating citizenship status					
Not Used	DMG07	26	<b>Country Code</b>	O	ID 2/3
Code identifying the country					
Not Used	DMG08	659	<b>Basis of Verification Code</b>	O	ID 1/2
Code indicating the basis of verification					
Not Used	DMG09	380	<b>Quantity</b>	O	R 1/15
Numeric value of quantity					

<b>Segment:</b>	<b>REF</b>	<b>Patient Secondary Identification</b>
<b>Position:</b>	035	
<b>Loop:</b>	2010CA	Optional (Must Use)
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	5	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required if additional identification numbers are necessary to adjudicate the claim/encounter.	

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			INDUSTRY: Reference Identification Qualifier	
			1W Member Identification Number	
			Unique identification number assigned to each member under a subscriber's contract	
			If NM108 = M1 do not use this code.	
			23 Client Number	
			This code is intended to be used only in claims submitted to the Indian Health Service/Contract Health Services (IHC/CHS) Fiscal Intermediary for the purpose of reporting the Health Record Number.	
			IG Insurance Policy Number	
			SY Social Security Number	
			The social security number may not be used for Medicare.	
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			INDUSTRY: Patient Secondary Identifier	
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b>	<b>O</b>
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b>	<b>M AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X ID 2/3</b>
			Code qualifying the Reference Identification	
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X ID 2/3</b>
			Code qualifying the Reference Identification	

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**Not Used**

**C04006**

**127**

**Reference Identification**

**X AN 1/30**

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

<b>Segment:</b>	<b>REF</b> Property and Casualty Claim Number
<b>Position:</b>	035
<b>Loop:</b>	2010CA Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	In the case where the patient is the same person as the subscriber, the property and casualty claim number is placed in Loop ID-2010BA. In the case where the patient is a different person than the subscriber, this number is placed in Loop ID-2010CA. This number should be transmitted in only one place.

This is a property and casualty payer-assigned claim number. It is required on property and casualty claims. Providers receive this number from the property and casualty payer during eligibility determinations or some other communication with that payer. See Section 4.2, Property and Casualty, for additional information about property and casualty claims.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier Y4 Agency Claim Number	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Property Casualty Claim Number	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>

<b>Segment:</b>	<b>CLM</b> Claim Information
<b>Position:</b>	130
<b>Loop:</b>	2300 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify basic data about the claim
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	<ol style="list-style-type: none"> <li>1 CLM02 is the total amount of all submitted charges of service segments for this claim.</li> <li>2 CLM06 is provider signature on file indicator. A "Y" value indicates the provider signature is on file; an "N" value indicates the provider signature is not on file.</li> <li>3 CLM08 is assignment of benefits indicator. A "Y" value indicates insured or authorized person authorizes benefits to be assigned to the provider; an "N" value indicates benefits have not been assigned to the provider.</li> <li>4 CLM13 is CHAMPUS nonavailability indicator. A "Y" value indicates a statement of non-availability is on file; an "N" value indicates statement of nonavailability is not on file or not necessary.</li> <li>5 CLM15 is charges itemized by service indicator. A "Y" value indicates charges are itemized by service; an "N" value indicates charges are summarized by service.</li> <li>6 CLM18 is explanation of benefit (EOB) indicator. A "Y" value indicates that a paper EOB is requested; an "N" value indicates that no paper EOB is requested.</li> </ol>
<b>Comments:</b>	
<b>Notes:</b>	Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 syntax rules.

The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. There is no recommended limit to the number of ST-SE transactions within a GS-GE or ISA-IEA. Willing trading partners can agree to set limits higher.

For purposes of this documentation, the claim detail information is presented only in the dependent level. Specific claim detail information can be given in either the subscriber or the dependent hierarchical level. Because of this the claim information is said to "float." Claim information is positioned in the same hierarchical level that describes its owner-participant, either the subscriber or the dependent. In other words, the claim information, loop 2300, is placed following loop 2010BD in the subscriber hierarchical level when the patient is the subscriber, or it is placed at the patient/dependent hierarchical level when the patient is the dependent of the subscriber as shown here. When the patient is the subscriber, loops 2000C and 2010CA are not sent. See 2.3.2.1, HL Segment, for details.

#### Data Element Summary

Ref.	Data		
Des.	Element	Name	Attributes
Required	CLM01	1028 Claim Submitter's Identifier	M AN 1/38
		Identifier used to track a claim from creation by the health care provider through payment	
		The number that the submitter transmits in this position is echoed back to the submitter in the 835 and other transactions. This permits the submitter to use the value in this field as a key in the submitter's system to match the claim to the payment information returned in the 835 transaction. The two recommended identifiers are either the Patient Account Number or the Claim Number in the billing submitter's patient management system. The developers of this implementation guide strongly recommend that submitters use completely unique numbers for this field for each individual claim.	

The maximum number of characters to be supported for this field is '20'. A provider may submit fewer characters depending upon their needs. However, the HIPAA maximum requirement to be supported by any responding system



is '20'. Characters beyond 20 are not required to be stored nor returned by any 837-receiving system.

ALIAS: Patient Account Number

NSF Reference: CA0-03.0, CB0-03.0, DA0-03.0, DA1-03.0, DA2-03.0, EA0-03.0, EA1-03.0, EA2-03.0, FA0-03.0, FB0-03.0, FB1-03.0, FB2-03.0, FD0-03.0, FE0-03.0, GA0-03.0, GC0-03.0, GX0-03.0, GX2-03.0, XA0-03.0, CA1-03.0, GU0-03.0, HA0-03.0

<b>Required</b>	<b>CLM02</b>	<b>782</b>	INDUSTRY: Patient Account Number <b>Monetary Amount</b>	<b>O R 1/18</b>
			Monetary amount	
			For encounter transmissions, zero (0) may be a valid amount.	

ALIAS: Total Submitted Charges

NSF Reference: XA0-12.0

<b>Not Used</b>	<b>CLM03</b>	<b>1032</b>	INDUSTRY: Total Claim Charge Amount <b>Claim Filing Indicator Code</b>	<b>O ID 1/2</b>
			Code identifying type of claim	

<b>Not Used</b>	<b>CLM04</b>	<b>1343</b>	<b>Non-Institutional Claim Type Code</b>	<b>O ID 1/2</b>
			Code identifying the type of provider or claim	

<b>Required</b>	<b>CLM05</b>	<b>C023</b>	<b>Health Care Service Location Information</b>	<b>O</b>
			To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered	
			CLM05 applies to all service lines unless it is over written at the line level.	

ALIAS: Place of Service Code

<b>Required</b>	<b>C02301</b>	<b>1331</b>	NSF Reference: FA0-07.0 <b>Facility Code Value</b>	<b>M AN 1/2</b>
			Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format	
			Use this element for codes identifying a place of service from code source 237. As a courtesy, the codes are listed below, however, the code list is thought to be complete at the time of publication of this implementation guideline. Since this list is subject to change, only codes contained in the document available from code source 237 are to be supported in this transaction and take precedence over any and all codes listed here.	

- 11 Office
- 12 Home
- 21 Inpatient Hospital
- 22 Outpatient Hospital
- 23 Emergency Room - Hospital
- 24 Ambulatory Surgical Center
- 25 Birthing Center
- 26 Military Treatment Facility
- 31 Skilled Nursing Facility
- 32 Nursing Facility
- 33 Custodial Care Facility
- 34 Hospice
- 41 Ambulance - Land
- 42 Ambulance - Air or Water
- 51 Inpatient Psychiatric Facility
- 52 Psychiatric Facility Partial Hospitalization
- 53 Community Mental Health Center

- 54 Intermediate Care Facility/Mentally Retarded
- 55 Residential Substance Abuse Treatment Facility
- 56 Psychiatric Residential Treatment Center
- 50 Federally Qualified Health Center
- 60 Mass Immunization Center
- 61 Comprehensive Inpatient Rehabilitation Facility
- 62 Comprehensive Outpatient Rehabilitation Facility
- 65 End Stage Renal Disease Treatment Facility
- 71 State or Local Public Health Clinic
- 72 Rural Health Clinic
- 81 Independent Laboratory
- 99 Other Unlisted Facility

ALIAS: Facility Type Code

<b>Not Used</b>	<b>C02302</b>	<b>1332</b>	<b>INDUSTRY: Facility Type Code</b>	
			<b>Facility Code Qualifier</b>	<b>O ID 1/2</b>

Code identifying the type of facility referenced

<b>Required</b>	<b>C02303</b>	<b>1325</b>	<b>Claim Frequency Type Code</b>	<b>O ID 1/1</b>
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Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type

Code 8 may only be used where permitted by state law (e.g. New York Medicaid). See the NUBC UB92 manual for definitions of these codes.

With the exception of #1 (Original) use 6, 7, and 8 for claims that have already been finalized in the payer's system.

Permissible code values for this subelement:

- 1 - ORIGINAL (Admit thru Discharge Claim)
- 6 - CORRECTED (Adjustment of Prior Claim)
- 7 - REPLACEMENT (Replacement of Prior Claim)
- 8 - VOID (Void/Cancel of Prior Claim)

ALIAS: Claim Submission Reason Code

<b>Required</b>	<b>CLM06</b>	<b>1073</b>	<b>INDUSTRY: Claim Frequency Code</b>	
			<b>Yes/No Condition or Response Code</b>	<b>O ID 1/1</b>

Code indicating a Yes or No condition or response

ALIAS: Provider Signature on File

NSF Reference: EA0-37.0

INDUSTRY: Provider or Supplier Signature Indicator

- |   |     |
|---|-----|
| N | No  |
| Y | Yes |

<b>Required</b>	<b>CLM07</b>	<b>1359</b>	<b>Provider Accept Assignment Code</b>	<b>O ID 1/1</b>
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Code indicating whether the provider accepts assignment

CLM07 indicates whether the provider accepts Medicare assignment.

The NSF mapping to FA0-59.0 occurs only in payer-to-payer COB situations.

ALIAS: Medicare Assignment Code

NSF Reference: EA0-36.0, FA0-59.0

INDUSTRY: Medicare Assignment Code

- |   |   |
|---|---|
| A | Assigned  |
| B | Assignment Accepted on Clinical Lab Services Only |

			C	Not Assigned	
			P	Patient Refuses to Assign Benefits	
<b>Required</b>	<b>CLM08</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>		<b>O ID 1/1</b>
			Code indicating a Yes or No condition or response		
			ALIAS: Assignment of Benefits Indicator		
			NSF Reference: DA0-15.0		
			INDUSTRY: Benefits Assignment Certification Indicator		
			N	No	
			Y	Yes	
<b>Required</b>	<b>CLM09</b>	<b>1363</b>	<b>Release of Information Code</b>		<b>O ID 1/1</b>
			Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations		
			ALIAS: Release of Information Code		
			NSF Reference: EA0-13.0		
			INDUSTRY: Release of Information Code		
			A	Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization	
			I	Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes	
			M	The Provider has Limited or Restricted Ability to Release Data Related to a Claim	
			N	No, Provider is Not Allowed to Release Data	
			O	On file at Payor or at Plan Sponsor	
			Y	Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim	
<b>Situatio</b>	<b>CLM10</b>	<b>1351</b>	<b>Patient Signature Source Code</b>		<b>O ID 1/1</b>
			Code indicating how the patient or subscriber authorization signatures were obtained and how they are being retained by the provider		
			CLM10 is required except in cases where code "N" is used in CLM09.		
			ALIAS: Patient Signature Source Code		
			NSF Reference: DA0-16.0		
			INDUSTRY: Patient Signature Source Code		
			B	Signed signature authorization form or forms for both HCFA-1500 Claim Form block 12 and block 13 are on file	
			C	Signed HCFA-1500 Claim Form on file	
			M	Signed signature authorization form for HCFA-1500 Claim Form block 13 on file	
			P	Signature generated by provider because the patient was not physically present for services	
			S	Signed signature authorization form for HCFA-1500 Claim Form block 12 on file	
<b>Situatio</b>	<b>CLM11</b>	<b>C024</b>	<b>Related Causes Information</b>		<b>O</b>
			To identify one or more related causes and associated state or country information		
			CLM11-1, CLM11-2, or CLM11-3 are required when the condition being reported is accident or employment related. If CLM11-1, CLM11-2, or CLM11-3 equals AP, then map Yes to EA0-09.0.		
			If DTP - Date of Accident (DTP01=439) is used, then CLM11 is required.		

<b>Required</b>	<b>C02401</b>	<b>1362</b>	<p>ALIAS: Accident/Employment/Related Causes</p> <p><b>Related-Causes Code</b> <b>M ID 2/3</b></p> <p>Code identifying an accompanying cause of an illness, injury or an accident</p> <p>NSF Reference: EA0-05.0 - Auto Accident or Other Accident, EA0-04.0 - Employment, EA0-09.0 - Responsibility Indicator</p>
			<p>INDUSTRY: Related Causes Code</p> <p>AA Auto Accident</p> <p>AB Abuse</p> <p>AP Another Party Responsible</p> <p>EM Employment</p> <p>OA Other Accident</p>
<b>Situatio</b>	<b>C02402</b>	<b>1362</b>	<p><b>Related-Causes Code</b> <b>O ID 2/3</b></p> <p>Code identifying an accompanying cause of an illness, injury or an accident</p> <p>Used if more than one code applies.</p> <p>NSF Reference: EA0-05.0 - Auto Accident or Other Accident, EA0-04.0 - Employment, EA0-09.0 - Responsibility Indicator</p>
			<p>INDUSTRY: Related Causes Code</p> <p>AA Auto Accident</p> <p>AB Abuse</p> <p>AP Another Party Responsible</p> <p>EM Employment</p> <p>OA Other Accident</p>
<b>Situatio</b>	<b>C02403</b>	<b>1362</b>	<p><b>Related-Causes Code</b> <b>O ID 2/3</b></p> <p>Code identifying an accompanying cause of an illness, injury or an accident</p> <p>Used if more than one code applies.</p> <p>NSF Reference: EA0-05.0 - Auto Accident or Other Accident, EA0-04.0 - Employment, EA0-09.0 - Responsibility Indicator</p>
			<p>INDUSTRY: Related Causes Code</p> <p>AA Auto Accident</p> <p>AB Abuse</p> <p>AP Another Party Responsible</p> <p>EM Employment</p> <p>OA Other Accident</p>
<b>Situatio</b>	<b>C02404</b>	<b>156</b>	<p><b>State or Province Code</b> <b>O ID 2/2</b></p> <p>Code (Standard State/Province) as defined by appropriate government agency</p> <p>Required if CLM11-1, -2, or -3 = AA to identify the state in which the automobile accident occurred. Use state postal code (CA = California, UT = Utah, etc).</p> <p>NSF Reference: EA0-10.0</p>
			<p>INDUSTRY: Auto Accident State or Province Code</p>
<b>Situatio</b>	<b>C02405</b>	<b>26</b>	<p><b>Country Code</b> <b>O ID 2/3</b></p> <p>Code identifying the country</p> <p>Required if the automobile accident occurred out of the United States to identify the country in which the accident occurred.</p>
			<p>INDUSTRY: Country Code</p>
<b>Situatio</b>	<b>CLM12</b>	<b>1366</b>	<p><b>Special Program Code</b> <b>O ID 2/3</b></p>

Code indicating the Special Program under which the services rendered to the patient were performed

Required if the services were rendered under one of the following circumstances/programs/projects.

ALIAS: Special Program Code

NSF Reference: EA0-43.0

INDUSTRY: Special Program Indicator

- 01 Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) or Child Health Assessment Program (CHAP)
- 02 Physically Handicapped Children's Program
- 03 Special Federal Funding
- 05 Disability
- 07 Induced Abortion - Danger to Life
- 08 Induced Abortion - Rape or Incest
- 09 Second Opinion or Surgery

Not Used	CLM13	1073	<b>Yes/No Condition or Response Code</b>	O	ID 1/1
			Code indicating a Yes or No condition or response		
Not Used	CLM14	1338	<b>Level of Service Code</b>	O	ID 1/3
			Code specifying the level of service rendered		
Not Used	CLM15	1073	<b>Yes/No Condition or Response Code</b>	O	ID 1/1
			Code indicating a Yes or No condition or response		
Situatio	CLM16	1360	<b>Provider Agreement Code</b>	O	ID 1/1
			Code indicating the type of agreement under which the provider is submitting this claim		
			Required if a non-participating (non-par) provider is submitting a participating (par) claim/encounter. Sending the "P" code indicates that a non-par provider is sending a par claim as allowed under certain plans.		

ALIAS: Participation Agreement

INDUSTRY: Participation Agreement

- P Participation Agreement
- Any agreement between the provider of service and the plan administrator

Not Used	CLM17	1029	<b>Claim Status Code</b>	O	ID 1/2
			Code identifying the status of an entire claim as assigned by the payor, claim review organization or repricing organization		
Not Used	CLM18	1073	<b>Yes/No Condition or Response Code</b>	O	ID 1/1
			Code indicating a Yes or No condition or response		
Not Used	CLM19	1383	<b>Claim Submission Reason Code</b>	O	ID 2/2
			Code identifying reason for claim submission		
Situatio	CLM20	1514	<b>Delay Reason Code</b>	O	ID 1/2
			Code indicating the reason why a request was delayed		
			This element may be used if a particular claim is being transmitted in response to a request for information (e.g., a 277), and the response has been delayed.		

Required when claim is submitted late (past contracted date of filing limitations) and any of the codes below apply.

ALIAS: Delay Reason Code

INDUSTRY: Delay Reason Code

- 1 Proof of Eligibility Unknown or Unavailable

2	Litigation
3	Authorization Delays
4	Delay in Certifying Provider
5	Delay in Supplying Billing Forms
6	Delay in Delivery of Custom-made Appliances
7	Third Party Processing Delay
8	Delay in Eligibility Determination
9	Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules
10	Administration Delay in the Prior Approval Process
11	Other

<b>Segment:</b>	<b>DTP</b> Date - Order Date
<b>Position:</b>	135
<b>Loop:</b>	2300 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify any or all of a date, a time, or a time period
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	<b>1</b> DTP02 is the date or time or period format that will appear in DTP03.
<b>Comments:</b>	
<b>Notes:</b>	Required when claim includes an order (i.e., an order for services or supplies is being billed/reported).
<p>Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.</p>	

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Attributes</b>
	<b><u>Des.</u></b>	<b><u>Element</u> <u>Name</u></b>	<b><u>M</u> <u>ID</u> <u>3/3</u></b>
<b>Required</b>	<b>DTP01</b>	<b>374 Date/Time Qualifier</b>	
		Code specifying type of date or time, or both date and time	
		INDUSTRY: Date Time Qualifier	
		938 Order	
<b>Required</b>	<b>DTP02</b>	<b>1250 Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
		Code indicating the date format, time format, or date and time format	
		INDUSTRY: Date Time Period Format Qualifier	
		D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251 Date Time Period</b>	<b>M AN 1/35</b>
		Expression of a date, a time, or range of dates, times or dates and times	
		INDUSTRY: Order Date	

**Segment:** **DTP** **Date - Initial Treatment**

**Position:** 135

**Loop:** 2300 Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.

Required on all claims involving spinal manipulation.

Data Element Summary				
	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			454 Initial Treatment	
			Date medical treatment first began	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: GC0-05.0	
			INDUSTRY: Initial Treatment Date	



**Segment:** **DTP** **Date - Referral Date**

**Position:** 135

**Loop:** 2300 Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required when claim includes a referral.

Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			330 Referral Date	
			The date when an educational official or teacher recommends that a student be evaluated for placement in a special education or other program	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			INDUSTRY: Referral Date	

<b>Segment:</b>	<b>DTP</b> <b>Date - Date Last Seen</b>
<b>Position:</b>	135
<b>Loop:</b>	2300 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify any or all of a date, a time, or a time period
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	<b>1</b> DTP02 is the date or time or period format that will appear in DTP03.
<b>Comments:</b>	
<b>Notes:</b>	Required when claims involve services from an independent physical therapist, occupational therapist, or physician services involving routine foot care.
	This is the date that the patient was seen by the attending/supervising physician for the qualifying medical condition related to the services performed.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			304 Latest Visit or Consultation	
			Date subscriber or dependent last visited or consulted with a physician	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: EA0-48.0	
			INDUSTRY: Last Seen Date	

**Segment:** **DTP** **Date - Onset of Current Illness/Symptom**

**Position:** 135

**Loop:** 2300 Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.

Required when information is available and if different than the date of service. If not used, claim/service date is assumed to be the date of onset of illness/symptoms.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Attributes</b>
	<b><u>Des.</u></b>	<b><u>Element</u> <u>Name</u></b>	<b><u>M</u> <u>ID</u> <u>3/3</u></b>
<b>Required</b>	<b>DTP01</b>	<b>374 Date/Time Qualifier</b>	
		Code specifying type of date or time, or both date and time	
		INDUSTRY: Date Time Qualifier	
		431 Onset of Current Symptoms or Illness	
		Date first symptoms appeared	
<b>Required</b>	<b>DTP02</b>	<b>1250 Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
		Code indicating the date format, time format, or date and time format	
		INDUSTRY: Date Time Period Format Qualifier	
		D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251 Date Time Period</b>	<b>M AN 1/35</b>
		Expression of a date, a time, or range of dates, times or dates and times	
		NSF Reference: EA0-07.0	
		INDUSTRY: Onset of Current Illness or Injury Date	

<b>Segment:</b>	<b>DTP</b> Date - Acute Manifestation
<b>Position:</b>	135
<b>Loop:</b>	2300 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	5
<b>Purpose:</b>	To specify any or all of a date, a time, or a time period
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	<b>1</b> DTP02 is the date or time or period format that will appear in DTP03.
<b>Comments:</b>	
<b>Notes:</b>	Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.
	Required when Loop 2300 CR208 = "A" or "M", the claim involves spinal manipulation, and the payer is Medicare.

Data Element Summary				
	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			453 Acute Manifestation of a Chronic Condition	
			Date serious symptoms were exhibited for a long term illness	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: GC0-12.0	
			INDUSTRY: Acute Manifestation Date	

**Segment:** **DTP** **Date - Similar Illness/Symptom Onset**

**Position:** 135

**Loop:** 2300 Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 10

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.

Required when claim involves services to a patient experiencing symptoms similar or identical to previously reported symptoms.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Attributes</b>
	<b><u>Des.</u></b>	<b><u>Element</u></b>	<b><u>Name</u></b>
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>
			Code specifying type of date or time, or both date and time
			INDUSTRY: Date Time Qualifier
			438 Onset of Similar Symptoms or Illness
			Date symptoms related to current illness first appeared
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>
			Code indicating the date format, time format, or date and time format
			INDUSTRY: Date Time Period Format Qualifier
			D8 Date Expressed in Format CCYYMMDD
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>
			Expression of a date, a time, or range of dates, times or dates and times
			NSF Reference: EA0-16.0
			INDUSTRY: Similar Illness or Symptom Date

**Segment:** **DTP** **Date - Accident**

**Position:** 135

**Loop:** 2300 Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 10

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required if CLM11-1, CLM11-2, or CLM11-3 = AA, AB, AP or OA.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time INDUSTRY: Date Time Qualifier 439 Accident Date mishap occurred	<b>M ID 3/3</b>
Required	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format INDUSTRY: Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD DT Date and Time Expressed in Format CCYYMMDDHHMM Required if accident hour is known.	<b>M ID 2/3</b>
Required	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times NSF Reference: EA0-07.0 - Accident Date, EA0-11.0 Accident Hour (no minutes)  INDUSTRY: Accident Date	<b>M AN 1/35</b>

**Segment:** **DTP** **Date - Last Menstrual Period**

**Position:** 135

**Loop:** 2300 Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required when claim involves pregnancy.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			484 Last Menstrual Period	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: EA0-07.0	
			INDUSTRY: Last Menstrual Period Date	

**Segment:** **DTP** **Date - Last X-ray**

**Position:** 135

**Loop:** 2300 Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.

Required when claim involves spinal manipulation if an x-ray was taken.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b><u>Des.</u></b>	<b><u>Element</u></b>		
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			455 Last X-Ray	
			Date of the most recent x-ray	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: GC0-06.0	
			INDUSTRY: Last X-Ray Date	



**Segment:** **DTP** **Date - Estimated Date of Birth**

**Position:** 135

**Loop:** 2300 Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required when PAT09 is used.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	DTP01	374	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			ABC Estimated Date of Birth	
Required	DTP02	1250	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
Required	DTP03	1251	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			ALIAS: Estimated Date of Birth	
			INDUSTRY: Estimated Birth Date	

**Segment:** **DTP** **Date - Hearing and Vision Prescription Date**

**Position:** 135

**Loop:** 2300 Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required on claims where a prescription has been written for hearing devices or vision frames and lenses and it is being billed on this claim.

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			471 Prescription	
			Date on which prescription was written	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			INDUSTRY: Prescription Date	

**Segment:** **DTP** **Date - Disability Begin**

**Position:** 135

**Loop:** 2300 Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 5

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required on claims involving disability where, in the opinion of the provider, the patient was or will be unable to perform the duties normally associated with his/her work.

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time INDUSTRY: Date Time Qualifier 360 Disability Begin Date on which the disability begins	<b>M ID 3/3</b>
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format INDUSTRY: Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD	<b>M ID 2/3</b>
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times NSF Reference: EA0-18.0 INDUSTRY: Disability From Date	<b>M AN 1/35</b>

**Segment:** **DTP** **Date - Disability End**

**Position:** 135

**Loop:** 2300 Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 5

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required on claims/encounters involving disability where, in the opinion of the provider, the patient, after having been absent from work for reasons related to the disability, was or will be able to perform the duties normally associated with his/her work.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			361 Disability End	
			Date on which the disability ends	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: EA0-19.0	
			INDUSTRY: Disability To Date	

**Segment:** **DTP** **Date - Last Worked**

**Position:** 135

**Loop:** 2300 Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required on claims where this information is necessary for adjudication of the claim (e.g., workers compensation claims involving absence from work).

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time INDUSTRY: Date Time Qualifier 297 Date Last Worked	<b>M ID 3/3</b>
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format INDUSTRY: Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD	<b>M ID 2/3</b>
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times INDUSTRY: Last Worked Date	<b>M AN 1/35</b>

**Segment:** **DTP** **Date - Authorized Return to Work**

**Position:** 135

**Loop:** 2300 Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required on claims where this information is necessary for adjudication of the claim (e.g., workers compensation claims involving absence from work).

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	DTP01	374	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			296 Return to Work	
			This is the date the provider has authorized the patient to return to work.	
Required	DTP02	1250	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
Required	DTP03	1251	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: EA1-12.0	
			INDUSTRY: Work Return Date	

**Segment:** **DTP** **Date - Admission**

**Position:** 135

**Loop:** 2300 Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required on all ambulance claims/encounters when the patient was known to be admitted to the hospital. Also required on inpatient medical visits claims/encounters.

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			435 Admission	
			Date of entrance to a health care establishment	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: GA0-23.0 (for ambulance claims only), EA0-28.0	
			INDUSTRY: Related Hospitalization Admission Date	

**Segment:** **DTP** **Date - Discharge**

**Position:** 135

**Loop:** 2300 Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required for inpatient claims when the patient was discharged from the facility and the discharge date is known.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	DTP01	374	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			096 Discharge	
Required	DTP02	1250	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
Required	DTP03	1251	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: GA0-22.0 (for Ambulance Claims only), EA0-29.0	
			INDUSTRY: Related Hospitalization Discharge Date	



<b>Segment:</b>	<b>DTP</b>	<b>Date - Assumed and Relinquished Care Dates</b>
<b>Position:</b>	135	
<b>Loop:</b>	2300	Optional (Must Use)
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	2	
<b>Purpose:</b>	To specify any or all of a date, a time, or a time period	
<b>Syntax Notes:</b>		
<b>Semantic Notes:</b>	<b>1</b> DTP02 is the date or time or period format that will appear in DTP03.	
<b>Comments:</b>		
<b>Notes:</b>	<p>Required on Medicare claims to indicate "assumed care date" and "relinquished care date" for situations where providers share post-operative care (global surgery claims). Assumed Care Date is the date care was assumed by another provider during post-operative care. Relinquished Care Date is the date the provider filing this claim ceased post-operative care. See Medicare guidelines for further explanation of these dates.</p> <p>Example: Surgeon "A" relinquished post-operative care to Physician "B" five days after surgery. When Surgeon "A" submits a claim/encounter "A" will use code "091 - Report End" to indicate the day the surgeon relinquished care of this patient to Physician "B". When Physician "B" submits a claim/encounter "B" will use code "090 - Report Start" to indicate the date they assumed care of this patient from Surgeon "A".</p>	

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			090 Report Start	
			Assumed Care Date - Use code 090 to indicate the date the provider filing this claim assumed care from another provider during post-operative care.	
			091 Report End	
			Relinquished Care Date - Use code 091 to indicate the date the provider filing this claim relinquished post-operative care to another provider.	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: EA1-25.0 - Provider Assumed Care Date, HA0-05.0 - Provider Relinquished Care Date	
			INDUSTRY: Assumed or Relinquished Care Date	

<b>Segment:</b>	<b>PWK</b> Claim Supplemental Information
<b>Position:</b>	155
<b>Loop:</b>	2300 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	10
<b>Purpose:</b>	To identify the type or transmission or both of paperwork or supporting information
<b>Syntax Notes:</b>	1 If either PWK05 or PWK06 is present, then the other is required.
<b>Semantic Notes:</b>	
<b>Comments:</b>	1 PWK05 and PWK06 may be used to identify the addressee by a code number. 2 PWK07 may be used to indicate special information to be shown on the specified report. 3 PWK08 may be used to indicate action pertaining to a report.
<b>Notes:</b>	The PWK segment is required if there is paper documentation supporting this claim. The PWK segment should not be used if the information related to the claim is being sent within the 837 ST-SE envelope.

The PWK segment is required to identify attachments that are sent electronically (PWK02 = EL) but are transmitted in another functional group (e.g., 275) rather than by paper. PWK06 is used to identify the attached electronic documentation. The number in PWK06 would be carried in the TRN of the electronic attachment.

The PWK segment can be used to identify paperwork that is being held at the provider's office and is available upon request by the payer (or appropriate entity), but that is not being sent with the claim. Use code AA in PWK02 to convey this specific use of the PWK segment. See code note under PWK02, code AA.

#### Data Element Summary

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
Required	PWK01	755	Report Type Code	M ID 2/2
			Code indicating the title or contents of a document, report or supporting item	
			ALIAS: Attachment Report Type Code	
			NSF Reference: EA0-41.0	
			INDUSTRY: Attachment Report Type Code	
		77	Support Data for Verification	
			REFERRAL. Use this code to indicate a completed referral form.	
		AS	Admission Summary	
			A brief patient summary; it lists the patient's chief complaints and the reasons for admitting the patient to the hospital	
		B2	Prescription	
		B3	Physician Order	
		B4	Referral Form	
		CT	Certification	
		DA	Dental Models	
			Cast of the teeth; they are usually taken before partial dentures or braces are placed	
		DG	Diagnostic Report	
			Report describing the results of lab tests x-rays or radiology films	
		DS	Discharge Summary	
			Report listing the condition of the patient upon release from the hospital; it usually lists where the patient is	

				being released to, what medication the patient is taking and when to follow-up with the doctor
			EB	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) Summary of benefits paid on the claim
			MT	Models
			NN	Nursing Notes
				Notes kept by the nurse regarding a patient's physical and mental condition, what medication the patient is on and when it should be given
			OB	Operative Note
				Step-by-step notes of exactly what takes place during an operation
			OZ	Support Data for Claim
				Medical records that would support procedures performed; tests given and necessary for a claim
			PN	Physical Therapy Notes
			PO	Prosthetics or Orthotic Certification
			PZ	Physical Therapy Certification
			RB	Radiology Films
				X-rays, videos, and other radiology diagnostic tests
			RR	Radiology Reports
				Reports prepared by a radiologists after the films or x-rays have been reviewed
			RT	Report of Tests and Analysis Report
<b>Required</b>	<b>PWK02</b>	<b>756</b>	<b>Report Transmission Code</b>	<b>O ID 1/2</b>
				Code defining timing, transmission method or format by which reports are to be sent
				ALIAS: Attachment Transmission Code
				NSF Reference: EA0-40.0
				INDUSTRY: Attachment Transmission Code
			AA	Available on Request at Provider Site
				This means that the paperwork is not being sent with the claim at this time. Instead, it is available to the payer (or appropriate entity) at their request.
			BM	By Mail
			EL	Electronically Only
				Use to indicate that attachment is being transmitted in a separate X12 functional group.
			EM	E-Mail
			FX	By Fax
<b>Not Used</b>	<b>PWK03</b>	<b>757</b>	<b>Report Copies Needed</b>	<b>O N0 1/2</b>
				The number of copies of a report that should be sent to the addressee
<b>Not Used</b>	<b>PWK04</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O ID 2/3</b>
				Code identifying an organizational entity, a physical location, property or an individual
<b>Situatio</b>	<b>PWK05</b>	<b>66</b>	<b>Identification Code Qualifier</b>	<b>X ID 1/2</b>
				Code designating the system/method of code structure used for Identification Code (67)
				Required if PWK02 = "BM", "EL", "EM" or "FX".
				INDUSTRY: Identification Code Qualifier
			AC	Attachment Control Number
				Means of associating electronic claim with

			documentation forwarded by other means		
<b>Situatio</b>	<b>PWK06</b>	<b>67</b>	<b>Identification Code</b>	<b>X</b>	<b>AN 2/80</b>
			Code identifying a party or other code		
			Required if PWK02 = "BM", "EL", "EM" or "FX".		
			ALIAS: Attachment Control Number		
			INDUSTRY: Attachment Control Number		
<b>Not Used</b>	<b>PWK07</b>	<b>352</b>	<b>Description</b>	<b>O</b>	<b>AN 1/80</b>
			A free-form description to clarify the related data elements and their content		
<b>Not Used</b>	<b>PWK08</b>	<b>C002</b>	<b>Actions Indicated</b>	<b>O</b>	
			Actions to be performed on the piece of paperwork identified		
<b>Not Used</b>	<b>C00201</b>	<b>704</b>	<b>Paperwork/Report Action Code</b>	<b>M</b>	<b>ID 1/2</b>
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required		
<b>Not Used</b>	<b>C00202</b>	<b>704</b>	<b>Paperwork/Report Action Code</b>	<b>O</b>	<b>ID 1/2</b>
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required		
<b>Not Used</b>	<b>C00203</b>	<b>704</b>	<b>Paperwork/Report Action Code</b>	<b>O</b>	<b>ID 1/2</b>
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required		
<b>Not Used</b>	<b>C00204</b>	<b>704</b>	<b>Paperwork/Report Action Code</b>	<b>O</b>	<b>ID 1/2</b>
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required		
<b>Not Used</b>	<b>C00205</b>	<b>704</b>	<b>Paperwork/Report Action Code</b>	<b>O</b>	<b>ID 1/2</b>
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required		
<b>Not Used</b>	<b>PWK09</b>	<b>1525</b>	<b>Request Category Code</b>	<b>O</b>	<b>ID 1/2</b>
			Code indicating a type of request		

<b>Segment:</b>	<b>CN1</b>	<b>Contract Information</b>
<b>Position:</b>	160	
<b>Loop:</b>	2300	Optional (Must Use)
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify basic data about the contract or contract line item	
<b>Syntax Notes:</b>		
<b>Semantic Notes:</b>	<ol style="list-style-type: none"> <li>1 CN102 is the contract amount.</li> <li>2 CN103 is the allowance or charge percent.</li> <li>3 CN104 is the contract code.</li> <li>4 CN106 is an additional identifying number for the contract.</li> </ol>	
<b>Comments:</b>		
<b>Notes:</b>	<p>The developers of this implementation guide recommend that for non-capitated situations, contract information be maintained in the receiver's files and not be transmitted with each claim whenever possible. It is recommended that submitters always include CN1 for encounters that include only capitated services.</p> <p>Required if the provider is contractually obligated to provide contract information on this claim.</p>	

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>CN101</b>	<b>1166</b>	<b>Contract Type Code</b>	<b>M ID 2/2</b>
			Code identifying a contract type	
			ALIAS: Contract Type Code	
			INDUSTRY: Contract Type Code	
			02 Per Diem	
			A contract which allows certain charges to be on a rate per day basis	
			03 Variable Per Diem	
			A contract which allows certain charges to be on a rate per day basis, where the rate may not remain constant	
			04 Flat	
			A contract between the provider of service and the destination payor whereby the flat rate charges may differ from the total itemized charges	
			05 Capitated	
			A contract between the provider of service and the destination payor which allows payment to the provider of service on a per member per month basis	
			06 Percent	
			09 Other	
<b>Situatio</b>	<b>CN102</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O R 1/18</b>
			Monetary amount	
			Required if the provider is required by contract to supply this information on the claim.	
			ALIAS: Contract Amount	
			INDUSTRY: Contract Amount	
<b>Situatio</b>	<b>CN103</b>	<b>332</b>	<b>Percent</b>	<b>O R 1/6</b>
			Percent expressed as a percent	
			Allowance or charge percent	

Required if the provider is required by contract to supply this information on the claim.

ALIAS: Contract Percent

<b>Situatio</b>	<b>CN104</b>	<b>127</b>	INDUSTRY: Contract Percentage <b>Reference Identification</b>	<b>O AN 1/30</b>
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Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Required if the provider is required by contract to supply this information on the claim.

ALIAS: Contract Code

<b>Situatio</b>	<b>CN105</b>	<b>338</b>	INDUSTRY: Contract Code <b>Terms Discount Percent</b>	<b>O R 1/6</b>
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Terms discount percentage, expressed as a percent, available to the purchaser if an invoice is paid on or before the Terms Discount Due Date

Required if the provider is required by contract to supply this information on the claim.

ALIAS: Terms Discount Percent

<b>Situatio</b>	<b>CN106</b>	<b>799</b>	INDUSTRY: Terms Discount Percentage <b>Version Identifier</b>	<b>O AN 1/30</b>
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Revision level of a particular format, program, technique or algorithm

Required if the provider is required by contract to supply this information on the claim.

ALIAS: Contract Version Identifier

INDUSTRY: Contract Version Identifier

**Segment:** **AMT** Credit/Debit Card Maximum Amount

**Position:** 175

**Loop:** 2300 Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To indicate the total monetary amount

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Use this segment only for claims that contain credit/debit card information. This segment indicates the maximum amount that can be credited to the account indicated in 2010BD - CREDIT/DEBIT CARD HOLDER NAME.

The information carried under this segment must never be sent to the payer. This information is only for use between a provider and a service organization offering patient collection services. In this case, it is the responsibility of the collection service organization to remove this segment before forwarding the claim to the payer.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>AMT01</b>	<b>522</b>	<b>Amount Qualifier Code</b> Code to qualify amount INDUSTRY: Amount Qualifier Code MA Maximum Amount	<b>M ID 1/3</b>
<b>Required</b>	<b>AMT02</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount INDUSTRY: Credit or Debit Card Maximum Amount	<b>M R 1/18</b>
<b>Not Used</b>	<b>AMT03</b>	<b>478</b>	<b>Credit/Debit Flag Code</b> Code indicating whether amount is a credit or debit	<b>O ID 1/1</b>

**Segment:** **AMT Patient Amount Paid**  
**Position:** 175  
**Loop:** 2300 Optional (Must Use)  
**Level:** Summary  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To indicate the total monetary amount  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:** Required if the patient has paid any amount towards the claim.

Patient Amount Paid refers to the sum of all amounts paid on the claim by the patient or his/her representative(s).

The Patient Amount Paid indicated in this segment applies to the entire claim. It is recommended that the Patient Amount Paid AMT segment be used at either the line(s) or claim level but not at both.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>AMT01</b>	<b>522</b>	<b>Amount Qualifier Code</b> Code to qualify amount INDUSTRY: Amount Qualifier Code F5 Patient Amount Paid Monetary amount value already paid by one receiving medical care	<b>M ID 1/3</b>
<b>Required</b>	<b>AMT02</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount NSF Reference: XA0-19.0	<b>M R 1/18</b>
<b>Not Used</b>	<b>AMT03</b>	<b>478</b>	INDUSTRY: Patient Amount Paid <b>Credit/Debit Flag Code</b> Code indicating whether amount is a credit or debit	<b>O ID 1/1</b>



**Segment:** **AMT** **Total Purchased Service Amount**  
**Position:** 175  
**Loop:** 2300 Optional (Must Use)  
**Level:** Summary  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To indicate the total monetary amount  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:** Required if there are purchased service components to this claim.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	AMT01	522	Amount Qualifier Code Code to qualify amount INDUSTRY: Amount Qualifier Code NE Net Billed Amount billed, less allowable payments from other sources Use this code to indicate Total Purchased Service Charges.	M ID 1/3
Required	AMT02	782	Monetary Amount Monetary amount NSF Reference: EA0-31.0	M R 1/18
Not Used	AMT03	478	INDUSTRY: Total Purchased Service Amount Credit/Debit Flag Code Code indicating whether amount is a credit or debit	O ID 1/1

<b>Segment:</b>	<b>REF</b>	<b>Service Authorization Exception Code</b>
<b>Position:</b>	180	
<b>Loop:</b>	2300	Optional (Must Use)
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required when providers are required by state law (e.g., New York State Medicaid) to obtain authorization for specific services but, for the reasons listed in REF02, performed the service without obtaining the service authorization. Check with your state Medicaid to see if this applies in your state.	

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 4N Special Payment Reference Number	<b>M ID 2/3</b>
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Allowable values for this element are: 1 Immediate/Urgent Care 2 Services Rendered in a Retroactive Period 3 Emergency Care 4 Client as Temporary Medicaid 5 Request from County for Second Opinion to Recipient can Work 6 Request for Override Pending 7 Special Handling	<b>X AN 1/30</b>
Not Used	REF03	352	INDUSTRY: Service Authorization Exception Code <b>Description</b>	<b>X AN 1/80</b>
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
Not Used	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
Not Used	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
Not Used	C04006	127	<b>Reference Identification</b>	<b>X AN 1/30</b>

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Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

<b>Segment:</b>	<b>REF</b> <b>Mandatory Medicare (Section 4081) Crossover Indicator</b>
<b>Position:</b>	180
<b>Loop:</b>	2300 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Required for Medicare COB crossover claims when Beneficiary Assignment for mandatory Medicare (Section 4081) claim applies. This segment is only completed by Medicare providers do not use this segment.

If this segment is not used that means this situation does not apply.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier F5 Medicare Version Code Identifies the release of a set of information or requirements to distinguish from previous or future sets that may differ; the version in question is that which is being used by Medicare	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier The allowed values for this element are: Y 4081 (NSF Value 1) N Regular crossover (NSF Value 2)  NSF Reference: DA0-30.0	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> INDUSTRY: Medicare Section 4081 Indicator A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>

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**Not Used**

**C04006**

**127**

**Reference Identification**

**X AN 1/30**

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

<b>Segment:</b>	<b>REF</b> Mammography Certification Number
<b>Position:</b>	180
<b>Loop:</b>	2300 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	1 REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Required on Medicare claims for all mammography services.

Data Element Summary				
	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier EW Mammography Certification Number Health Care Financing Administration assigned certification number of the certified mammography screening center	M ID 2/3
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier NSF Reference: FA0-31.0	X AN 1/30
Not Used	REF03	352	<b>Description</b> INDUSTRY: Mammography Certification Number A free-form description to clarify the related data elements and their content	X AN 1/80
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M ID 2/3
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30
Not Used	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30

<b>Segment:</b>	<b>REF</b> Prior Authorization or Referral Number
<b>Position:</b>	180
<b>Loop:</b>	2300 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	2
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	1 REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Numbers at this position apply to the entire claim unless they are overridden in the REF segment in Loop ID-2400. A reference identification is considered to be overridden if the value in REF01 is the same in both the Loop ID-2300 REF segment and the Loop ID-2400 REF segment. In that case, the Loop ID-2400 REF applies only to that specific line.

Required where services on this claim were preauthorized or where a referral is involved. Generally, preauthorization/referral numbers are those numbers assigned by the payer/UMO to authorize a service prior to its being performed. The UMO (Utilization Management Organization) is generally the entity empowered to make a decision regarding the outcome of a health services review or the owner of information. The referral or prior authorization number carried in this REF is specific to the destination payer reported in the 2010BB loop. If other payers have similar numbers for this claim, report that information in the 2330 loop REF which holds that payer's information.

Data Element Summary				
	Ref. Des.	Data Element	Name	Attributes
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 9F Referral Number G1 Prior Authorization Number An authorization number acquired prior to the submission of a claim	M ID 2/3
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier NSF Reference: DA0-14.0	X AN 1/30
Not Used	REF03	352	<b>Description</b> INDUSTRY: Prior Authorization or Referral Number A free-form description to clarify the related data elements and their content	X AN 1/80
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M ID 2/3
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as	X AN 1/30

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<b>Not Used</b>	<b>C04005</b>	<b>128</b>	specified by the Reference Identification Qualifier <b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		



<b>Segment:</b>	<b>REF</b> <b>Original Reference Number (ICN/DCN)</b>
<b>Position:</b>	180
<b>Loop:</b>	2300 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	1 REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Required when CLM05-3 (Claim Submission Reason Code) = "6", "7", or "8" and the payer has assigned a payer number to the claim. The resubmission number is assigned to a previously submitted claim/encounter by the destination payer or receiver.

This segment can be used for the payer assigned Original Document Control Number/Internal Control Number (DCN/ICN) assigned to this claim by the payer identified in the 2010BB loop of this claim. This number would be received from a payer in a case where the payer had received the original claim and, for whatever reason, had (1) asked the provider to resubmit the claim and (2) had given the provider the payer's claim identification number. In this case the payer is expecting the provider to give them back their (the payer's) claim number so that the payer can match it in their adjudication system. By matching this number in the adjudication system, the payer knows this is not a duplicate claim.

This information is specific to the destination payer reported in the 2010BB loop. If other payers have a similar number, report that information in the 2330 loop which holds that payer's information.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>		<b>M ID 2/3</b>
			Code qualifying the Reference Identification		
			INDUSTRY: Reference Identification Qualifier		
			F8 Original Reference Number		
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>		<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
			ALIAS: Claim Original Reference Number (ICN/DCN)		
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>		<b>X AN 1/80</b>
			A free-form description to clarify the related data elements and their content		
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b>		<b>O</b>
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier		
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b>		<b>M ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b>		<b>M AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b>		<b>X ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b>		<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

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<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X</b>	<b>ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X</b>	<b>AN 1/30</b>

<b>Segment:</b>	<b>REF</b>	<b>Clinical Laboratory Improvement Amendment (CLIA) Number</b>
<b>Position:</b>	180	
<b>Loop:</b>	2300	Optional (Must Use)
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	3	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required on Medicare and Medicaid claims for any laboratory performing tests covered by the CLIA Act.	

If a CLIA number is indicated at the line level (Loop ID-2400) in addition to the claim level (Loop ID-2300), that would indicate an exception to the CLIA number at the claim level for that individual line.

In cases where this claim contains both in-house and outsourced laboratory services: For laboratory services performed by the billing or rendering provider the CLIA number is reported here for laboratory services which were outsourced, report that CLIA number at the 2400 loop.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			INDUSTRY: Reference Identification Qualifier	
			X4 Clinical Laboratory Improvement Amendment Number	
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			NSF Reference: FA0-34.0	
			INDUSTRY: Clinical Laboratory Improvement Amendment Number	
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b>	<b>O</b>
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b>	<b>M AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X ID 2/3</b>
			Code qualifying the Reference Identification	
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X ID 2/3</b>
			Code qualifying the Reference Identification	
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as	

specified by the Reference Identification Qualifier

<b>Segment:</b>	<b>REF</b>	<b>Repriced Claim Number</b>
<b>Position:</b>	180	
<b>Loop:</b>	2300	Optional (Must Use)
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.	

Data Element Summary				
	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 9A Repriced Claim Reference Number	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier NSF Reference: FE0-06.0 (TPO Reference Number)	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> INDUSTRY: Repriced Claim Reference Number A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>

<b>Segment:</b>	<b>REF</b> Adjusted Repriced Claim Number
<b>Position:</b>	180
<b>Loop:</b>	2300 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	1 REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

Data Element Summary				
	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 9C Adjusted Repriced Claim Reference Number	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Adjusted Repriced Claim Reference Number	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>

<b>Segment:</b>	<b>REF</b>	<b>Investigational Device Exemption Number</b>
<b>Position:</b>	180	
<b>Loop:</b>	2300	Optional (Must Use)
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required when claim involves an FDA assigned investigational device exemption (IDE) number. Only one IDE per claim is to be reported.	

Data Element Summary				
	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier LX Qualified Products List	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier NSF Reference: EA0-54.0	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> INDUSTRY: Investigational Device Exemption Identifier A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>

<b>Segment:</b>	<b>REF</b> Claim Identification Number for Clearing Houses and Other Transmission Intermediaries
<b>Position:</b>	180
<b>Loop:</b>	2300 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Used only by transmission intermediaries (Automated Clearing Houses, and others) who need to attach their own unique claim number.

Although this REF is supplied for transmission intermediaries to attach their own unique claim number to a claim/encounter, 837-recipients are not required under HIPAA to return this number in any HIPAA transaction. Trading partners may voluntarily agree to this interaction if they wish.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Number assigned by clearinghouse/van/etc.  INDUSTRY: Reference Identification Qualifier D9 Claim Number Sequence number to track the number of claims opened within a particular line of business	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier The value carried in this element is limited to a maximum of 20 positions.	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> INDUSTRY: Clearinghouse Trace Number A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>



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Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

<b>Segment:</b>	<b>REF</b> Ambulatory Patient Group (APG)
<b>Position:</b>	180
<b>Loop:</b>	2300 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	4
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	<ol style="list-style-type: none"> <li>1 REF04 contains data relating to the value cited in REF02.</li> </ol>
<b>Comments:</b>	
<b>Notes:</b>	Required if the contractual reimbursement arrangement between provider and payer is based on APG and their contractual arrangement requires that the provider send APG information to the payer on each claim.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 1S Ambulatory Patient Group (APG) Number	M ID 2/3
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Ambulatory Patient Group Number	X AN 1/30
Not Used	REF03	352	<b>Description</b> A free-form description to clarify the related data elements and their content	X AN 1/80
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M ID 2/3
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30
Not Used	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30

**Segment:** **REF** Medical Record Number

**Position:** 180

**Loop:** 2300 Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify identifying information

**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**

**Notes:** Used at discretion of submitter.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier EA Medical Record Identification Number A unique number assigned to each patient by the provider of service (hospital) to assist in retrieval of medical records	M ID 2/3
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Medical Record Number	X AN 1/30
Not Used	REF03	352	<b>Description</b> A free-form description to clarify the related data elements and their content	X AN 1/80
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M ID 2/3
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30
Not Used	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30

<b>Segment:</b>	<b>REF</b>	<b>Demonstration Project Identifier</b>
<b>Position:</b>	180	
<b>Loop:</b>	2300	Optional (Must Use)
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required on claims/encounters where a demonstration project is being billed/reported. This information is specific to the destination payer reported in the 2010BB loop. If other payers have a similar number, report that information in the 2330 loop which holds that payer's information.	

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier P4 Project Code	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier NSF Reference: EA0-43.0	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> INDUSTRY: Demonstration Project Identifier A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>

<b>Segment:</b>	<b>K3</b>	<b>File Information</b>
<b>Position:</b>	185	
<b>Loop:</b>	2300	Optional (Must Use)
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	10	
<b>Purpose:</b>	To transmit a fixed-format record or matrix contents	
<b>Syntax Notes:</b>		
<b>Semantic Notes:</b>	1 K303 identifies the value of the index.	
<b>Comments:</b>	1 The default for K302 is content.	
<b>Notes:</b>	At the time of publication K3 segments have no specific use. However, they have been included in this implementation guide to be used as an emergency kludge (fix-it) in the case of an unexpected data requirement by a state regulatory authority. This data element can only be required if the specific use is a result of a state law or a regulation issued by a state agency after the publication of this implementation guide, and only if the appropriate national body (X12N, HCPCS, NUBC, NUCC, etc) cannot offer an alternative solution within the current structure of the implementation guide.	

This segment may only be required if a state concludes it must use the K3 to meet an emergency legislative requirement AND the administering state agency or other state organization has contacted the X12N workgroup, requested a review of the K3 data requirement to ensure there is not an existing method within the implementation guide to meet this requirement, and X12N determines that there is no method to meet the requirement. Only then may the state require the temporary use of the K3 to meet the requirement. X12N will submit the necessary data maintenance and refer the request to the appropriate data content committee.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>K301</b>	<b>449</b>	<b>Fixed Format Information</b> Data in fixed format agreed upon by sender and receiver NSF Reference: HA0-05.0	<b>M AN 1/80</b>
<b>Not Used</b>	<b>K302</b>	<b>1333</b>	<b>INDUSTRY: Fixed Format Information</b> <b>Record Format Code</b> Code specifying the format of information	<b>O ID 1/2</b>
<b>Not Used</b>	<b>K303</b>	<b>C001</b>	<b>Composite Unit of Measure</b> To identify a composite unit of measure (See Figures Appendix for examples of use)	<b>O</b>
<b>Not Used</b>	<b>C00101</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	<b>M ID 2/2</b>
<b>Not Used</b>	<b>C00102</b>	<b>1018</b>	<b>Exponent</b> Power to which a unit is raised	<b>O R 1/15</b>
<b>Not Used</b>	<b>C00103</b>	<b>649</b>	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	<b>O R 1/10</b>
<b>Not Used</b>	<b>C00104</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	<b>O ID 2/2</b>
<b>Not Used</b>	<b>C00105</b>	<b>1018</b>	<b>Exponent</b> Power to which a unit is raised	<b>O R 1/15</b>
<b>Not Used</b>	<b>C00106</b>	<b>649</b>	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	<b>O R 1/10</b>
<b>Not Used</b>	<b>C00107</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in	<b>O ID 2/2</b>

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Not Used	C00108	1018	which a measurement has been taken <b>Exponent</b>	O	R 1/15
			Power to which a unit is raised		
Not Used	C00109	649	<b>Multiplier</b>	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	C00110	355	<b>Unit or Basis for Measurement Code</b>	O	ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken		
Not Used	C00111	1018	<b>Exponent</b>	O	R 1/15
			Power to which a unit is raised		
Not Used	C00112	649	<b>Multiplier</b>	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	C00113	355	<b>Unit or Basis for Measurement Code</b>	O	ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken		
Not Used	C00114	1018	<b>Exponent</b>	O	R 1/15
			Power to which a unit is raised		
Not Used	C00115	649	<b>Multiplier</b>	O	R 1/10
			Value to be used as a multiplier to obtain a new value		

**Segment:** **NTE** Claim Note  
**Position:** 190  
**Loop:** 2300 Optional (Must Use)  
**Level:** Summary  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To transmit information in a free-form format, if necessary, for comment or special instruction

**Syntax Notes:****Semantic Notes:**

**Comments:** 1 The NTE segment permits free-form information/data which, under ANSI X12 standard implementations, is not machine processable. The use of the NTE segment should therefore be avoided, if at all possible, in an automated environment.

**Notes:** Information in the NTE segment in Loop ID-2300 applies to the entire claim unless overridden by information in the NTE segment in Loop ID-2400. Information is considered to be overridden when the value in NTE01 in Loop ID-2400 is the same as the value in NTE01 in Loop ID-2300.

The developers of this implementation guide discourage using narrative information within the 837. Trading partners who require narrative information with claims are encouraged to codify that information within the ASC X12 environment.

Required when: (1) State regulations mandate information not identified elsewhere within the claim set or (2) in the opinion of the provider, the information is needed to substantiate the medical treatment and is not supported elsewhere within the claim data set.

**Data Element Summary**

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>NTE01</b>	<b>363</b>	<b>Note Reference Code</b>	<b>O ID 3/3</b>
			Code identifying the functional area or purpose for which the note applies	
			INDUSTRY: Note Reference Code	
			ADD	Additional Information
			CER	Certification Narrative
				Any notes associated with the certification involved
			DCP	Goals, Rehabilitation Potential, or Discharge Plans
			DGN	Diagnosis Description
				Verbal description of the condition involved
			PMT	Payment
			TPO	Third Party Organization Notes
<b>Required</b>	<b>NTE02</b>	<b>352</b>	<b>Description</b>	<b>M AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
			NSF Reference: HA0-05.0	
			INDUSTRY: Claim Note Text	

<b>Segment:</b>	<b>CR1 Ambulance Transport Information</b>
<b>Position:</b>	195
<b>Loop:</b>	2300 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply information related to the ambulance service rendered to a patient
<b>Syntax Notes:</b>	<b>1</b> If either CR101 or CR102 is present, then the other is required. <b>2</b> If either CR105 or CR106 is present, then the other is required.
<b>Semantic Notes:</b>	<b>1</b> CR102 is the weight of the patient at time of transport. <b>2</b> CR106 is the distance traveled during transport. <b>3</b> CR107 is the address of origin. <b>4</b> CR108 is the address of destination. <b>5</b> CR109 is the purpose for the round trip ambulance service. <b>6</b> CR110 is the purpose for the usage of a stretcher during ambulance service.
<b>Comments:</b>	
<b>Notes:</b>	The CR1 segment in Loop ID-2300 applies to the entire claim unless an exception is reported in the CR1 segment in Loop ID-2400.

Required on all claims involving ambulance services.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Situatio</b>	<b>CR101</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Required if needed to justify extra ambulance services.  INDUSTRY: Unit or Basis for Measurement Code LB Pound	<b>X ID 2/2</b>
<b>Situatio</b>	<b>CR102</b>	<b>81</b>	<b>Weight</b> Numeric value of weight Required if needed to justify extra ambulance services.  ALIAS: Patient Weight  NSF Reference: GA0-05.0	<b>X R 1/10</b>
<b>Required</b>	<b>CR103</b>	<b>1316</b>	INDUSTRY: Patient Weight <b>Ambulance Transport Code</b> Code indicating the type of ambulance transport ALIAS: Ambulance Transport Code  NSF Reference: GA0-07.0  INDUSTRY: Ambulance Transport Code I Initial Trip R Return Trip T Transfer Trip Ambulance from one facility to another X Round Trip	<b>O ID 1/1</b>
<b>Required</b>	<b>CR104</b>	<b>1317</b>	<b>Ambulance Transport Reason Code</b> Code indicating the reason for ambulance transport ALIAS: Ambulance Transport Reason Code  NSF Reference: GA0-15.0	<b>O ID 1/1</b>



			INDUSTRY: Ambulance Transport Reason Code	
			A	Patient was transported to nearest facility for care of symptoms, complaints, or both Can be used to indicate that the patient was transferred to a residential facility.
			B	Patient was transported for the benefit of a preferred physician
			C	Patient was transported for the nearness of family members
			D	Patient was transported for the care of a specialist or for availability of specialized equipment
			E	Patient Transferred to Rehabilitation Facility
<b>Required</b>	<b>CR105</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b>	<b>X ID 2/2</b>
Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken				
			INDUSTRY: Unit or Basis for Measurement Code	
			DH	Miles
<b>Required</b>	<b>CR106</b>	<b>380</b>	<b>Quantity</b>	<b>X R 1/15</b>
Numeric value of quantity				
NSF crosswalk to FA0-50.0 is used only in Medicare payer-to-payer COB situations.				
ALIAS: Transport Distance				
NSF Reference: GA0-17.0, FA0-50.0				
			INDUSTRY: Transport Distance	
<b>Not Used</b>	<b>CR107</b>	<b>166</b>	<b>Address Information</b>	<b>O AN 1/55</b>
Address information				
<b>Not Used</b>	<b>CR108</b>	<b>166</b>	<b>Address Information</b>	<b>O AN 1/55</b>
Address information				
<b>Situatio</b>	<b>CR109</b>	<b>352</b>	<b>Description</b>	<b>O AN 1/80</b>
A free-form description to clarify the related data elements and their content				
Required if CR103 (Ambulance Transport Code) = "X - Round Trip"; otherwise not used.				
ALIAS: Round Trip Purpose Description				
NSF Reference: GA0-20.0				
			INDUSTRY: Round Trip Purpose Description	
<b>Situatio</b>	<b>CR110</b>	<b>352</b>	<b>Description</b>	<b>O AN 1/80</b>
A free-form description to clarify the related data elements and their content				
Required if needed to justify usage of stretcher.				
ALIAS: Stretcher Purpose Description				
NSF Reference: GA0-21.0				
INDUSTRY: Stretcher Purpose Description				

<b>Segment:</b>	<b>CR2</b>	<b>Spinal Manipulation Service Information</b>
<b>Position:</b>	200	
<b>Loop:</b>	2300	Optional (Must Use)
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To supply information related to the chiropractic service rendered to a patient	
<b>Syntax Notes:</b>	<b>1</b> If either CR201 or CR202 is present, then the other is required. <b>2</b> If CR204 is present, then CR203 is required. <b>3</b> If either CR205 or CR206 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> CR201 is the number this treatment is in the series. <b>2</b> CR202 is the total number of treatments in the series. <b>3</b> CR206 is the time period involved in the treatment series. <b>4</b> CR207 is the number of treatments rendered in the month of service. <b>5</b> CR209 is complication indicator. A "Y" value indicates a complicated condition; an "N" value indicates an uncomplicated condition. <b>6</b> CR210 is a description of the patient's condition. <b>7</b> CR211 is an additional description of the patient's condition. <b>8</b> CR212 is X-rays availability indicator. A "Y" value indicates X-rays are maintained and available for carrier review; an "N" value indicates X-rays are not maintained and available for carrier review.	
<b>Comments:</b>	<b>1</b> When both CR203 and CR204 are present, CR203 is the beginning level of subluxation and CR204 is the ending level of subluxation.	
<b>Notes:</b>	The CR2 segment in Loop ID-2300 applies to the entire claim unless overridden by the presence of a CR2 segment in Loop ID-2400.	

Required on all claims involving spinal manipulation. Such claims could originate with chiropractors, physical therapists, DOs, and many other types of health care providers.

Data Element Summary				
	Ref.	Data		Attributes
	Des.	Element	Name	
Required	CR201	609	Count	X N0 1/9
			Occurrence counter	
			ALIAS: Treatment Number. Spinal Manipulation	
			NSF Reference: GC0-07.0	
Required	CR202	380	Quantity	X R 1/15
			INDUSTRY: Treatment Series Number	
			Numeric value of quantity	
			ALIAS: Treatment Series Total. Spinal Manipulation	
			NSF Reference: GC0-07.0	
Situatio	CR203	1367	Subluxation Level Code	X ID 2/3
			INDUSTRY: Treatment Count	
			Code identifying the specific level of subluxation	
			Required if subluxation is involved in the claim.	
			ALIAS: Subluxation Level Code	
			NSF Reference: GC0-08.0	
			INDUSTRY: Subluxation Level Code	
			C1 Cervical 1	
			Adjustment of the first neck vertebrae	
			C2 Cervical 2	

	Adjustment of the second neck vertebrae
C3	Cervical 3
	Adjustment of the third neck vertebrae
C4	Cervical 4
	Adjustment of the fourth neck vertebrae
C5	Cervical 5
	Adjustment of the fifth neck vertebrae
C6	Cervical 6
	Adjustment of the sixth neck vertebrae
C7	Cervical 7
	Adjustment of the seventh neck vertebrae
CO	Coccyx
	Adjustment of the caudal extremity of the vertebrae
IL	Ilium
	Adjustment of the expansive superior portion of the hip bone
L1	Lumbar 1
	Adjustment of the first vertebrae between the thorax and the pelvis
L2	Lumbar 2
	Adjustment of the second vertebrae between the thorax and the pelvis
L3	Lumbar 3
	Adjustment of the third vertebrae between the thorax and the pelvis
L4	Lumbar 4
	Adjustment of the fourth vertebrae between the thorax and the pelvis
L5	Lumbar 5
	Adjustment to the fifth vertebrae between the thorax and the pelvis
OC	Occiput
	Adjustment of the back part of the neck
SA	Sacrum
	Adjustment of the triangular bone just below the lumbar vertebrae
T1	Thoracic 1
	Adjustment of the first vertebrae located between the neck and the respiratory diaphragm
T10	Thoracic 10
	Adjustment of the tenth vertebrae located between the neck and the respiratory diaphragm
T11	Thoracic 11
	Adjustment of the eleventh vertebrae located between the neck and the respiratory diaphragm
T12	Thoracic 12
	Adjustment of the twelfth vertebrae located between the neck and the respiratory diaphragm
T2	Thoracic 2
	Adjustment of the second vertebrae located between the neck and the respiratory diaphragm
T3	Thoracic 3
	Adjustment of the third vertebrae located between the neck and the respiratory diaphragm
T4	Thoracic 4

T5	Adjustment of the fourth vertebrae located between the neck and the respiratory diaphragm Thoracic 5
T6	Adjustment of the fifth vertebrae located between the neck and the respiratory diaphragm Thoracic 6
T7	Adjustment of the sixth vertebrae located between the neck and the respiratory diaphragm Thoracic 7
T8	Adjustment of the seventh vertebrae located between the neck and the respiratory diaphragm Thoracic 8
T9	Adjustment of the eighth vertebrae located between the neck and the respiratory diaphragm Thoracic 9
	Adjustment of the ninth vertebrae located between the neck and the respiratory diaphragm

**Situatio**      **CR204**      **1367**      **Subluxation Level Code**      **O**      **ID 2/3**

Code identifying the specific level of subluxation  
Required if additional subluxation is involved in claim to indicate a range (i.e., subluxation from CR203 to CR204).

ALIAS: Subluxation Level Code

NSF Reference: GC0-08.0

INDUSTRY: Subluxation Level Code

C1	Cervical 1 Adjustment of the first neck vertebrae
C2	Cervical 2 Adjustment of the second neck vertebrae
C3	Cervical 3 Adjustment of the third neck vertebrae
C4	Cervical 4 Adjustment of the fourth neck vertebrae
C5	Cervical 5 Adjustment of the fifth neck vertebrae
C6	Cervical 6 Adjustment of the sixth neck vertebrae
C7	Cervical 7 Adjustment of the seventh neck vertebrae
CO	Coccyx Adjustment of the caudal extremity of the vertebrae
IL	Ilium Adjustment of the expansive superior portion of the hip bone
L1	Lumbar 1 Adjustment of the first vertebrae between the thorax and the pelvis
L2	Lumbar 2 Adjustment of the second vertebrae between the thorax and the pelvis
L3	Lumbar 3 Adjustment of the third vertebrae between the thorax and the pelvis

L4	Lumbar 4 Adjustment of the fourth vertebrae between the thorax and the pelvis
L5	Lumbar 5 Adjustment to the fifth vertebrae between the thorax and the pelvis
OC	Occiput Adjustment of the back part of the neck
SA	Sacrum Adjustment of the triangular bone just below the lumbar vertebrae
T1	Thoracic 1 Adjustment of the first vertebrae located between the neck and the respiratory diaphragm
T10	Thoracic 10 Adjustment of the tenth vertebrae located between the neck and the respiratory diaphragm
T11	Thoracic 11 Adjustment of the eleventh vertebrae located between the neck and the respiratory diaphragm
T12	Thoracic 12 Adjustment of the twelfth vertebrae located between the neck and the respiratory diaphragm
T2	Thoracic 2 Adjustment of the second vertebrae located between the neck and the respiratory diaphragm
T3	Thoracic 3 Adjustment of the third vertebrae located between the neck and the respiratory diaphragm
T4	Thoracic 4 Adjustment of the fourth vertebrae located between the neck and the respiratory diaphragm
T5	Thoracic 5 Adjustment of the fifth vertebrae located between the neck and the respiratory diaphragm
T6	Thoracic 6 Adjustment of the sixth vertebrae located between the neck and the respiratory diaphragm
T7	Thoracic 7 Adjustment of the seventh vertebrae located between the neck and the respiratory diaphragm
T8	Thoracic 8 Adjustment of the eighth vertebrae located between the neck and the respiratory diaphragm
T9	Thoracic 9 Adjustment of the ninth vertebrae located between the neck and the respiratory diaphragm

**Required CR205 355 Unit or Basis for Measurement Code X ID 2/2**  
Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken  
INDUSTRY: Unit or Basis for Measurement Code

DA	Days
MO	Months
WK	Week
YR	Years

**Required CR206 380 Quantity X R 1/15**  
P837V401 (004010X098) 469 August 8, 2001

			Numeric value of quantity ALIAS: Treatment Series Period. Spinal Manipulation  NSF Reference: GC0-09.0	
<b>Required</b>	<b>CR207</b>	<b>380</b>	INDUSTRY: Treatment Period Count <b>Quantity</b> Numeric value of quantity ALIAS: Treatment Number in Month. Spinal Manipulation  NSF Reference: GC0-10.0	<b>O R 1/15</b>
<b>Required</b>	<b>CR208</b>	<b>1342</b>	INDUSTRY: Monthly Treatment Count <b>Nature of Condition Code</b> Code indicating the nature of a patient's condition ALIAS: Nature of Condition Code. Spinal Manipulation  NSF Reference: GC0-11.0  INDUSTRY: Patient Condition Code A Acute Condition A disease of rapid onset, severe symptoms, and brief duration C Chronic Condition A disease of long duration involving very slow changes; such a disease is often of gradual onset; the term does not imply anything about the severity of the disease D Non-acute E Non-Life Threatening F Routine G Symptomatic M Acute Manifestation of a Chronic Condition A disease of long duration interrupted by a rapid onset of severe symptoms of brief duration	<b>O ID 1/1</b>
<b>Required</b>	<b>CR209</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response ALIAS: Complication Indicator. Spinal Manipulation  NSF Reference: GC0-13.0  INDUSTRY: Complication Indicator N No Y Yes	<b>O ID 1/1</b>
<b>Situatio</b>	<b>CR210</b>	<b>352</b>	<b>Description</b> A free-form description to clarify the related data elements and their content Used at discretion of submitter.  ALIAS: Patient Condition Description. Spinal Manipulation  NSF Reference: GC0-14.0	<b>O AN 1/80</b>
<b>Situatio</b>	<b>CR211</b>	<b>352</b>	INDUSTRY: Patient Condition Description <b>Description</b> A free-form description to clarify the related data elements and their content Used at discretion of submitter.	<b>O AN 1/80</b>

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ALIAS: Patient Condition Description. Spinal Manipulation

NSF Reference: GC0-14.0

<b>Required</b>	<b>CR212</b>	<b>1073</b>	<b>INDUSTRY: Patient Condition Description</b>	<b>O</b>	<b>ID 1/1</b>
			<b>Yes/No Condition or Response Code</b>		

Code indicating a Yes or No condition or response

ALIAS: X-ray Availability Indicator. Spinal Manipulation

NSF Reference: GC0-15.0

INDUSTRY: X-ray Availability Indicator

N	No
Y	Yes

<b>Segment:</b>	<b>CRC</b> Ambulance Certification
<b>Position:</b>	220
<b>Loop:</b>	2300 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	3
<b>Purpose:</b>	To supply information on conditions
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	<ol style="list-style-type: none"> <li>1 CRC01 qualifies CRC03 through CRC07.</li> <li>2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.</li> </ol>
<b>Comments:</b>	
<b>Notes:</b>	The CRC segment in Loop ID-2300 applies to the entire claim unless overridden by a CRC segment at the service line level in Loop ID-2400 with the same value in CRC01.

Required on ambulance claims/encounters, i.e. when CR1 segment is used.

Data Element Summary				
	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>CRC01</b>	<b>1136</b>	<b>Code Category</b>	<b>M ID 2/2</b>
			Specifies the situation or category to which the code applies	
			INDUSTRY: Code Category	
			07 Ambulance Certification	
<b>Required</b>	<b>CRC02</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>M ID 1/1</b>
			Code indicating a Yes or No condition or response	
			ALIAS: Certification Condition Code Applies Indicator	
			INDUSTRY: Certification Condition Indicator	
			N No	
			Y Yes	
<b>Required</b>	<b>CRC03</b>	<b>1321</b>	<b>Condition Indicator</b>	<b>M ID 2/2</b>
			Code indicating a condition	
			The codes for CRC03 also can be used for CRC04 through CRC07.	
			ALIAS: Condition Indicator	
			INDUSTRY: Condition Code	
			01 Patient was admitted to a hospital	
			GA0-06.0	
			02 Patient was bed confined before the ambulance service	
			GA0-08.0	
			03 Patient was bed confined after the ambulance service	
			GA0-09.0	
			04 Patient was moved by stretcher	
			GA0-10.0	
			05 Patient was unconscious or in shock	
			GA0-11.0	
			06 Patient was transported in an emergency situation	
			GA0-12.0	
			07 Patient had to be physically restrained	
			GA0-13.0	
			08 Patient had visible hemorrhaging	



GA0-14.0

09 Ambulance service was medically necessary

GA0-16.0

60 Transportation Was To the Nearest Facility

GA0-24.0

**Situatio**      **CRC04**      **1321**      **Condition Indicator**      **O**      **ID 2/2**

Code indicating a condition

Required if additional condition codes are needed.

Use the codes listed in CRC03.

ALIAS: Condition Indicator

INDUSTRY: Condition Code

- 01 Patient was admitted to a hospital
- 02 Patient was bed confined before the ambulance service
- 03 Patient was bed confined after the ambulance service
- 04 Patient was moved by stretcher
- 05 Patient was unconscious or in shock
- 06 Patient was transported in an emergency situation
- 07 Patient had to be physically restrained
- 08 Patient had visible hemorrhaging
- 09 Ambulance service was medically necessary
- 60 Transportation Was To the Nearest Facility

**Situatio**      **CRC05**      **1321**      **Condition Indicator**      **O**      **ID 2/2**

Code indicating a condition

Required if additional condition codes are needed.

Use the codes listed in CRC03.

ALIAS: Condition Indicator

INDUSTRY: Condition Code

- 01 Patient was admitted to a hospital
- 02 Patient was bed confined before the ambulance service
- 03 Patient was bed confined after the ambulance service
- 04 Patient was moved by stretcher
- 05 Patient was unconscious or in shock
- 06 Patient was transported in an emergency situation
- 07 Patient had to be physically restrained
- 08 Patient had visible hemorrhaging
- 09 Ambulance service was medically necessary
- 60 Transportation Was To the Nearest Facility

**Situatio**      **CRC06**      **1321**      **Condition Indicator**      **O**      **ID 2/2**

Code indicating a condition

Required if additional condition codes are needed.

Use the codes listed in CRC03.

ALIAS: Condition Indicator

INDUSTRY: Condition Code

- 01 Patient was admitted to a hospital
- 02 Patient was bed confined before the ambulance service

03	Patient was bed confined after the ambulance service
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
60	Transportation Was To the Nearest Facility

**Situatio**      **CRC07**      **1321**      **Condition Indicator**      **O**      **ID 2/2**

Code indicating a condition

Required if additional condition codes are needed.

Use the codes listed in CRC03.

ALIAS: Condition Indicator

INDUSTRY: Condition Code

01	Patient was admitted to a hospital
02	Patient was bed confined before the ambulance service
03	Patient was bed confined after the ambulance service
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
60	Transportation Was To the Nearest Facility

<b>Segment:</b>	<b>CRC</b>	<b>Patient Condition Information: Vision</b>
<b>Position:</b>	220	
<b>Loop:</b>	2300	Optional (Must Use)
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	3	
<b>Purpose:</b>	To supply information on conditions	
<b>Syntax Notes:</b>		
<b>Semantic Notes:</b>	<b>1</b> CRC01 qualifies CRC03 through CRC07. <b>2</b> CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.	
<b>Comments:</b>		
<b>Notes:</b>	Required on vision claims/encounters involving replacement lenses or frames.	

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	CRC01	1136	<b>Code Category</b> Specifies the situation or category to which the code applies INDUSTRY: Code Category E1 Spectacle Lenses E2 Contact Lenses E3 Spectacle Frames	M ID 2/2
Required	CRC02	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response ALIAS: Certification Condition Code Applies Indicator INDUSTRY: Certification Condition Indicator N No Y Yes	M ID 1/1
Required	CRC03	1321	<b>Condition Indicator</b> Code indicating a condition ALIAS: Condition Indicator INDUSTRY: Condition Code L1 General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met L2 Replacement Due to Loss or Theft L3 Replacement Due to Breakage or Damage L4 Replacement Due to Patient Preference L5 Replacement Due to Medical Reason	M ID 2/2
Situatio	CRC04	1321	<b>Condition Indicator</b> Code indicating a condition Use codes listed in CRC03.  Required if additional condition codes are needed. INDUSTRY: Condition Code L1 General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met L2 Replacement Due to Loss or Theft L3 Replacement Due to Breakage or Damage L4 Replacement Due to Patient Preference L5 Replacement Due to Medical Reason	O ID 2/2

<b>Situatio</b>	<b>CRC05</b>	<b>1321</b>	<b>Condition Indicator</b>	<b>O ID 2/2</b>
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Code indicating a condition  
Use codes listed in CRC03.

Required if additional condition codes are needed.

INDUSTRY: Condition Code

- |    |   |
|----|---|
| L1 | General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met |
| L2 | Replacement Due to Loss or Theft  |
| L3 | Replacement Due to Breakage or Damage                                     |
| L4 | Replacement Due to Patient Preference                                     |
| L5 | Replacement Due to Medical Reason   |

<b>Situatio</b>	<b>CRC06</b>	<b>1321</b>	<b>Condition Indicator</b>	<b>O ID 2/2</b>
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Code indicating a condition  
Use codes listed in CRC03.

Required if additional condition codes are needed.

INDUSTRY: Condition Code

- |    |   |
|----|---|
| L1 | General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met |
| L2 | Replacement Due to Loss or Theft  |
| L3 | Replacement Due to Breakage or Damage                                     |
| L4 | Replacement Due to Patient Preference                                     |
| L5 | Replacement Due to Medical Reason   |

<b>Situatio</b>	<b>CRC07</b>	<b>1321</b>	<b>Condition Indicator</b>	<b>O ID 2/2</b>
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Code indicating a condition  
Use codes listed in CRC03.

Required if additional condition codes are needed.

INDUSTRY: Condition Code

- |    |   |
|----|---|
| L1 | General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met |
| L2 | Replacement Due to Loss or Theft  |
| L3 | Replacement Due to Breakage or Damage                                     |
| L4 | Replacement Due to Patient Preference                                     |
| L5 | Replacement Due to Medical Reason   |

<b>Segment:</b>	<b>CRC</b> Homebound Indicator
<b>Position:</b>	220
<b>Loop:</b>	2300 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply information on conditions
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	<ol style="list-style-type: none"> <li>1 CRC01 qualifies CRC03 through CRC07.</li> <li>2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.</li> </ol>
<b>Comments:</b>	
<b>Notes:</b>	Required for Medicare claims/encounters when an independent laboratory renders an EKG tracing or obtains a specimen from a homebound or institutionalized patient.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	CRC01	1136	<b>Code Category</b> Specifies the situation or category to which the code applies INDUSTRY: Code Category 75 Functional Limitations	M ID 2/2
Required	CRC02	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response INDUSTRY: Certification Condition Indicator Y Yes	M ID 1/1
Required	CRC03	1321	<b>Condition Indicator</b> Code indicating a condition INDUSTRY: Homebound Indicator IH Independent at Home EA0-50.0	M ID 2/2
Not Used	CRC04	1321	<b>Condition Indicator</b> Code indicating a condition	O ID 2/2
Not Used	CRC05	1321	<b>Condition Indicator</b> Code indicating a condition	O ID 2/2
Not Used	CRC06	1321	<b>Condition Indicator</b> Code indicating a condition	O ID 2/2
Not Used	CRC07	1321	<b>Condition Indicator</b> Code indicating a condition	O ID 2/2

<b>Segment:</b>	<b>HI</b> Health Care Diagnosis Code
<b>Position:</b>	231
<b>Loop:</b>	2300 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply information related to the delivery of health care
<b>Syntax Notes:</b>	<b>1</b> If either C02203 or C02204 is present, then the other is required. <b>2</b> If either C02203 or C02204 is present, then the other is required. <b>3</b> If either C02203 or C02204 is present, then the other is required. <b>4</b> If either C02203 or C02204 is present, then the other is required. <b>5</b> If either C02203 or C02204 is present, then the other is required. <b>6</b> If either C02203 or C02204 is present, then the other is required. <b>7</b> If either C02203 or C02204 is present, then the other is required. <b>8</b> If either C02203 or C02204 is present, then the other is required. <b>9</b> If either C02203 or C02204 is present, then the other is required. <b>10</b> If either C02203 or C02204 is present, then the other is required. <b>11</b> If either C02203 or C02204 is present, then the other is required. <b>12</b> If either C02203 or C02204 is present, then the other is required.

**Semantic Notes:****Comments:**

**Notes:** Required on all claims/encounters except claims for which there are no diagnoses (e.g., taxi claims).

Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.

**Data Element Summary**

	<b>Ref.</b>	<b>Data</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element Name</b>	
<b>Required</b>	<b>HI01</b>	<b>C022 Health Care Code Information</b>	<b>M</b>
		To send health care codes and their associated dates, amounts and quantities	
		With a few exceptions, it is not recommended to put E codes in HI01. E codes may be put in any other HI element using BF as the qualifier.	
		The diagnosis listed in this element is assumed to be the principal diagnosis.	
<b>Required</b>	<b>C02201</b>	<b>1270 ALIAS: Principal Diagnosis Code List Qualifier Code</b>	<b>M ID 1/3</b>
		Code identifying a specific industry code list	
		INDUSTRY: Diagnosis Type Code	
		BK Principal Diagnosis	
		ICD-9 Codes	
<b>Required</b>	<b>C02202</b>	<b>1271 Industry Code</b>	<b>M AN 1/30</b>
		Code indicating a code from a specific industry code list	
		NSF Reference: EA0-32.0, GX0-31.0, GU0-12.0	
<b>Not Used</b>	<b>C02203</b>	<b>1250 INDUSTRY: Diagnosis Code Date Time Period Format Qualifier</b>	<b>X ID 2/3</b>
		Code indicating the date format, time format, or date and time format	
<b>Not Used</b>	<b>C02204</b>	<b>1251 Date Time Period</b>	<b>X AN 1/35</b>
		Expression of a date, a time, or range of dates, times or dates and times	
<b>Not Used</b>	<b>C02205</b>	<b>782 Monetary Amount</b>	<b>O R 1/18</b>
		Monetary amount	
<b>Not Used</b>	<b>C02206</b>	<b>380 Quantity</b>	<b>O R 1/15</b>
		Numeric value of quantity	
<b>Not Used</b>	<b>C02207</b>	<b>799 Version Identifier</b>	<b>O AN 1/30</b>

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			Revision level of a particular format, program, technique or algorithm	
<b>Situatio</b>	<b>HI02</b>	<b>C022</b>	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-01 and C022-03.  Required if needed to report an additional diagnoses and if the preceeding HI data elements have been used to report other diagnoses.	<b>O</b>
<b>Required</b>	<b>C02201</b>	<b>1270</b>	ALIAS: Diagnosis <b>Code List Qualifier Code</b> Code identifying a specific industry code list INDUSTRY: Diagnosis Type Code BF Diagnosis ICD-9 Codes	<b>M ID 1/3</b>
<b>Required</b>	<b>C02202</b>	<b>1271</b>	<b>Industry Code</b> Code indicating a code from a specific industry code list NSF Reference: EA0-33.0, GX0-32.0, GU0-13.0	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C02203</b>	<b>1250</b>	INDUSTRY: Diagnosis Code <b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C02204</b>	<b>1251</b>	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	<b>X AN 1/35</b>
<b>Not Used</b>	<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount	<b>O R 1/18</b>
<b>Not Used</b>	<b>C02206</b>	<b>380</b>	<b>Quantity</b> Numeric value of quantity	<b>O R 1/15</b>
<b>Not Used</b>	<b>C02207</b>	<b>799</b>	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm	<b>O AN 1/30</b>
<b>Situatio</b>	<b>HI03</b>	<b>C022</b>	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-01 and C022-03.  Required if needed to report an additional diagnoses and if the preceeding HI data elements have been used to report other diagnoses.	<b>O</b>
<b>Required</b>	<b>C02201</b>	<b>1270</b>	ALIAS: Diagnosis <b>Code List Qualifier Code</b> Code identifying a specific industry code list INDUSTRY: Diagnosis Type Code BF Diagnosis ICD-9 Codes	<b>M ID 1/3</b>
<b>Required</b>	<b>C02202</b>	<b>1271</b>	<b>Industry Code</b> Code indicating a code from a specific industry code list NSF Reference: EA0-34.0, GX0-33.0, GU0-14.0	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C02203</b>	<b>1250</b>	INDUSTRY: Diagnosis Code <b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C02204</b>	<b>1251</b>	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	<b>X AN 1/35</b>
<b>Not Used</b>	<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount	<b>O R 1/18</b>

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Not Used	C02206	380	Quantity	O	R 1/15
			Numeric value of quantity		
Not Used	C02207	799	Version Identifier	O	AN 1/30
			Revision level of a particular format, program, technique or algorithm		
Situatio	HI04	C022	Health Care Code Information	O	
			To send health care codes and their associated dates, amounts and quantities		
			Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-01 and C022-03.		
			Required if needed to report an additional diagnoses and if the preceeding HI data elements have been used to report other diagnoses.		
Required	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
			INDUSTRY: Diagnosis Type Code		
			BF                      Diagnosis		
			ICD-9 Codes		
Required	C02202	1271	Industry Code	M	AN 1/30
			Code indicating a code from a specific industry code list		
			NSF Reference: EA0-35.0, GX0-34.0, GU0-15.0		
Not Used	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Code indicating the date format, time format, or date and time format		
Not Used	C02204	1251	Date Time Period	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		
Not Used	C02205	782	Monetary Amount	O	R 1/18
			Monetary amount		
Not Used	C02206	380	Quantity	O	R 1/15
			Numeric value of quantity		
Not Used	C02207	799	Version Identifier	O	AN 1/30
			Revision level of a particular format, program, technique or algorithm		
Situatio	HI05	C022	Health Care Code Information	O	
			To send health care codes and their associated dates, amounts and quantities		
			Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-01 and C022-03.		
			Required if needed to report an additional diagnoses and if the preceeding HI data elements have been used to report other diagnoses.		
Required	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
			INDUSTRY: Diagnosis Type Code		
			BF                      Diagnosis		
			ICD-9 Codes		
Required	C02202	1271	Industry Code	M	AN 1/30
			Code indicating a code from a specific industry code list		
			INDUSTRY: Diagnosis Code		
Not Used	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Code indicating the date format, time format, or date and time format		
Not Used	C02204	1251	Date Time Period	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		
Not Used	C02205	782	Monetary Amount	O	R 1/18



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			Monetary amount	
<b>Not Used</b>	<b>C02206</b>	<b>380</b>	<b>Quantity</b>	<b>O R 1/15</b>
			Numeric value of quantity	
<b>Not Used</b>	<b>C02207</b>	<b>799</b>	<b>Version Identifier</b>	<b>O AN 1/30</b>
			Revision level of a particular format, program, technique or algorithm	
<b>Situatio</b>	<b>HI06</b>	<b>C022</b>	<b>Health Care Code Information</b>	<b>O</b>
			To send health care codes and their associated dates, amounts and quantities	
			Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-01 and C022-03.	
			Required if needed to report an additional diagnoses and if the preceeding HI data elements have been used to report other diagnoses.	
<b>Required</b>	<b>C02201</b>	<b>1270</b>	ALIAS: Diagnosis <b>Code List Qualifier Code</b>	<b>M ID 1/3</b>
			Code identifying a specific industry code list	
			INDUSTRY: Diagnosis Type Code	
			BF Diagnosis	
			ICD-9 Codes	
<b>Required</b>	<b>C02202</b>	<b>1271</b>	<b>Industry Code</b>	<b>M AN 1/30</b>
			Code indicating a code from a specific industry code list	
			INDUSTRY: Diagnosis Code	
<b>Not Used</b>	<b>C02203</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>X ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
<b>Not Used</b>	<b>C02204</b>	<b>1251</b>	<b>Date Time Period</b>	<b>X AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
<b>Not Used</b>	<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O R 1/18</b>
			Monetary amount	
<b>Not Used</b>	<b>C02206</b>	<b>380</b>	<b>Quantity</b>	<b>O R 1/15</b>
			Numeric value of quantity	
<b>Not Used</b>	<b>C02207</b>	<b>799</b>	<b>Version Identifier</b>	<b>O AN 1/30</b>
			Revision level of a particular format, program, technique or algorithm	
<b>Situatio</b>	<b>HI07</b>	<b>C022</b>	<b>Health Care Code Information</b>	<b>O</b>
			To send health care codes and their associated dates, amounts and quantities	
			Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-01 and C022-03.	
			Required if needed to report an additional diagnoses and if the preceeding HI data elements have been used to report other diagnoses.	
<b>Required</b>	<b>C02201</b>	<b>1270</b>	ALIAS: Diagnosis <b>Code List Qualifier Code</b>	<b>M ID 1/3</b>
			Code identifying a specific industry code list	
			INDUSTRY: Diagnosis Type Code	
			BF Diagnosis	
			ICD-9 Codes	
<b>Required</b>	<b>C02202</b>	<b>1271</b>	<b>Industry Code</b>	<b>M AN 1/30</b>
			Code indicating a code from a specific industry code list	
			INDUSTRY: Diagnosis Code	
<b>Not Used</b>	<b>C02203</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>X ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
<b>Not Used</b>	<b>C02204</b>	<b>1251</b>	<b>Date Time Period</b>	<b>X AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
<b>Not Used</b>	<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O R 1/18</b>

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			Monetary amount	
<b>Not Used</b>	<b>C02206</b>	<b>380</b>	<b>Quantity</b>	<b>O R 1/15</b>
			Numeric value of quantity	
<b>Not Used</b>	<b>C02207</b>	<b>799</b>	<b>Version Identifier</b>	<b>O AN 1/30</b>
			Revision level of a particular format, program, technique or algorithm	
<b>Situatio</b>	<b>HI08</b>	<b>C022</b>	<b>Health Care Code Information</b>	<b>O</b>
			To send health care codes and their associated dates, amounts and quantities	
			Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-01 and C022-03.	
			Required if needed to report an additional diagnoses and if the preceeding HI data elements have been used to report other diagnoses.	
			ALIAS: Diagnosis	
<b>Required</b>	<b>C02201</b>	<b>1270</b>	<b>Code List Qualifier Code</b>	<b>M ID 1/3</b>
			Code identifying a specific industry code list	
			INDUSTRY: Diagnosis Type Code	
			BF Diagnosis	
			ICD-9 Codes	
<b>Required</b>	<b>C02202</b>	<b>1271</b>	<b>Industry Code</b>	<b>M AN 1/30</b>
			Code indicating a code from a specific industry code list	
			INDUSTRY: Diagnosis Code	
<b>Not Used</b>	<b>C02203</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>X ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
<b>Not Used</b>	<b>C02204</b>	<b>1251</b>	<b>Date Time Period</b>	<b>X AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
<b>Not Used</b>	<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O R 1/18</b>
			Monetary amount	
<b>Not Used</b>	<b>C02206</b>	<b>380</b>	<b>Quantity</b>	<b>O R 1/15</b>
			Numeric value of quantity	
<b>Not Used</b>	<b>C02207</b>	<b>799</b>	<b>Version Identifier</b>	<b>O AN 1/30</b>
			Revision level of a particular format, program, technique or algorithm	
<b>Not Used</b>	<b>HI09</b>	<b>C022</b>	<b>Health Care Code Information</b>	<b>O</b>
			To send health care codes and their associated dates, amounts and quantities	
<b>Not Used</b>	<b>C02201</b>	<b>1270</b>	<b>Code List Qualifier Code</b>	<b>M ID 1/3</b>
			Code identifying a specific industry code list	
<b>Not Used</b>	<b>C02202</b>	<b>1271</b>	<b>Industry Code</b>	<b>M AN 1/30</b>
			Code indicating a code from a specific industry code list	
<b>Not Used</b>	<b>C02203</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>X ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
<b>Not Used</b>	<b>C02204</b>	<b>1251</b>	<b>Date Time Period</b>	<b>X AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
<b>Not Used</b>	<b>C02205</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O R 1/18</b>
			Monetary amount	
<b>Not Used</b>	<b>C02206</b>	<b>380</b>	<b>Quantity</b>	<b>O R 1/15</b>
			Numeric value of quantity	
<b>Not Used</b>	<b>C02207</b>	<b>799</b>	<b>Version Identifier</b>	<b>O AN 1/30</b>
			Revision level of a particular format, program, technique or algorithm	
<b>Not Used</b>	<b>HI10</b>	<b>C022</b>	<b>Health Care Code Information</b>	<b>O</b>
			To send health care codes and their associated dates, amounts and quantities	
<b>Not Used</b>	<b>C02201</b>	<b>1270</b>	<b>Code List Qualifier Code</b>	<b>M ID 1/3</b>
			Code identifying a specific industry code list	

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Not Used	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	M	AN 1/30
Not Used	C02203	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format	X	ID 2/3
Not Used	C02204	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
Not Used	C02205	782	<b>Monetary Amount</b> Monetary amount	O	R 1/18
Not Used	C02206	380	<b>Quantity</b> Numeric value of quantity	O	R 1/15
Not Used	C02207	799	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm	O	AN 1/30
Not Used	HI11	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities	O	
Not Used	C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list	M	ID 1/3
Not Used	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	M	AN 1/30
Not Used	C02203	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format	X	ID 2/3
Not Used	C02204	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
Not Used	C02205	782	<b>Monetary Amount</b> Monetary amount	O	R 1/18
Not Used	C02206	380	<b>Quantity</b> Numeric value of quantity	O	R 1/15
Not Used	C02207	799	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm	O	AN 1/30
Not Used	HI12	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities	O	
Not Used	C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list	M	ID 1/3
Not Used	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	M	AN 1/30
Not Used	C02203	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format	X	ID 2/3
Not Used	C02204	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
Not Used	C02205	782	<b>Monetary Amount</b> Monetary amount	O	R 1/18
Not Used	C02206	380	<b>Quantity</b> Numeric value of quantity	O	R 1/15
Not Used	C02207	799	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm	O	AN 1/30

<b>Segment:</b>	<b>HCP</b>	<b>Claim Pricing/Repricing Information</b>
<b>Position:</b>	241	
<b>Loop:</b>	2300	Optional (Must Use)
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify pricing or repricing information about a health care claim or line item	
<b>Syntax Notes:</b>	<b>1</b> At least one of HCP01 or HCP13 is required. <b>2</b> If either HCP09 or HCP10 is present, then the other is required. <b>3</b> If either HCP11 or HCP12 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> HCP02 is the allowed amount. <b>2</b> HCP03 is the savings amount. <b>3</b> HCP04 is the repricing organization identification number. <b>4</b> HCP05 is the pricing rate associated with per diem or flat rate repricing. <b>5</b> HCP06 is the approved DRG code. <b>6</b> HCP07 is the approved DRG amount. <b>7</b> HCP08 is the approved revenue code. <b>8</b> HCP10 is the approved procedure code. <b>9</b> HCP12 is the approved service units or inpatient days. <b>10</b> HCP13 is the rejection message returned from the third party organization. <b>11</b> HCP15 is the exception reason generated by a third party organization.	
<b>Comments:</b>	<b>1</b> HCP06, HCP07, HCP08, HCP10, and HCP12 are fields that will contain different values from the original submitted values.	
<b>Notes:</b>	Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.	

For capitated encounters, pricing or repricing information usually is not applicable and is provided to qualify other information within the claim.

Data Element Summary				
Ref.	Data			
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>	
Required	HCP01	1473 Pricing Methodology	X ID 2/2	
		Code specifying pricing methodology at which the claim or line item has been priced or repriced		
		Trading partners need to agree on the codes to use in this element. There do not appear to be standard definitions for the code elements.		
		ALIAS: Pricing/repricing methodology		
		INDUSTRY: Pricing Methodology		
		00	Zero Pricing (Not Covered Under Contract)	
		01	Priced as Billed at 100%	
		02	Priced at the Standard Fee Schedule	
		03	Priced at a Contractual Percentage	
		04	Bundled Pricing	
		05	Peer Review Pricing	
		07	Flat Rate Pricing	
		08	Combination Pricing	
		09	Maternity Pricing	
		10	Other Pricing	
		11	Lower of Cost	
		12	Ratio of Cost	
		13	Cost Reimbursed	
		14	Adjustment Pricing	
Required	HCP02	782 Monetary Amount	O R 1/18	

			Monetary amount	
			Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.	
			ALIAS: Allowed amount, Pricing	
<b>Situatio</b>	<b>HCP03</b>	<b>782</b>	INDUSTRY: Repriced Allowed Amount <b>Monetary Amount</b> Monetary amount Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.  ALIAS: Savings amount, Pricing	<b>O R 1/18</b>
<b>Situatio</b>	<b>HCP04</b>	<b>127</b>	INDUSTRY: Repriced Saving Amount <b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.  ALIAS: Repricing Organization Identifier	<b>O AN 1/30</b>
<b>Situatio</b>	<b>HCP05</b>	<b>118</b>	INDUSTRY: Repricing Organization Identifier <b>Rate</b> Rate expressed in the standard monetary denomination for the currency specified Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.  ALIAS: Pricing rate	<b>O R 1/9</b>
<b>Situatio</b>	<b>HCP06</b>	<b>127</b>	INDUSTRY: Repricing Per Diem or Flat Rate Amount <b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.  ALIAS: Approved APG code, Pricing	<b>O AN 1/30</b>
<b>Situatio</b>	<b>HCP07</b>	<b>782</b>	INDUSTRY: Repriced Approved Ambulatory Patient Group Code <b>Monetary Amount</b> Monetary amount Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.  ALIAS: Approved APG amount, Pricing	<b>O R 1/18</b>
<b>Not Used</b>	<b>HCP08</b>	<b>234</b>	INDUSTRY: Repriced Approved Ambulatory Patient Group Amount <b>Product/Service ID</b> Identifying number for a product or service	<b>O AN 1/48</b>
<b>Not Used</b>	<b>HCP09</b>	<b>235</b>	<b>Product/Service ID Qualifier</b> Code identifying the type/source of the descriptive number used in Product/Service ID (234)	<b>X ID 2/2</b>
<b>Not Used</b>	<b>HCP10</b>	<b>234</b>	<b>Product/Service ID</b> Identifying number for a product or service	<b>X AN 1/48</b>
<b>Not Used</b>	<b>HCP11</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b>	<b>X ID 2/2</b>

			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	
<b>Not Used</b>	<b>HCP12</b>	<b>380</b>	<b>Quantity</b>	<b>X R 1/15</b>
			Numeric value of quantity	
<b>Situatio</b>	<b>HCP13</b>	<b>901</b>	<b>Reject Reason Code</b>	<b>X ID 2/2</b>
			Code assigned by issuer to identify reason for rejection	
			Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.	
			ALIAS: Reject reason code	
			INDUSTRY: Reject Reason Code	
			T1 Cannot Identify Provider as TPO (Third Party Organization) Participant	
			T2 Cannot Identify Payer as TPO (Third Party Organization) Participant	
			T3 Cannot Identify Insured as TPO (Third Party Organization) Participant	
			T4 Payer Name or Identifier Missing	
			T5 Certification Information Missing	
			T6 Claim does not contain enough information for re-pricing	
<b>Situatio</b>	<b>HCP14</b>	<b>1526</b>	<b>Policy Compliance Code</b>	<b>O ID 1/2</b>
			Code specifying policy compliance	
			Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.	
			ALIAS: Policy compliance code	
			INDUSTRY: Policy Compliance Code	
			1 Procedure Followed (Compliance)	
			2 Not Followed - Call Not Made (Non-Compliance Call Not Made)	
			3 Not Medically Necessary (Non-Compliance Non-Medically Necessary)	
			4 Not Followed Other (Non-Compliance Other)	
			5 Emergency Admit to Non-Network Hospital	
<b>Situatio</b>	<b>HCP15</b>	<b>1527</b>	<b>Exception Code</b>	<b>O ID 1/2</b>
			Code specifying the exception reason for consideration of out-of-network health care services	
			Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.	
			ALIAS: Exception code	
			INDUSTRY: Exception Code	
			1 Non-Network Professional Provider in Network Hospital	
			2 Emergency Care	
			3 Services or Specialist not in Network	
			4 Out-of-Service Area	
			5 State Mandates	
			6 Other	

**Segment:** **CR7** Home Health Care Plan Information

**Position:** 242

**Loop:** 2305 Optional

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To supply information related to the home health care plan of treatment and services

**Syntax Notes:**

**Semantic Notes:**

1 CR702 is the total visits on this bill rendered prior to the recertification "to" date.

2 CR703 is the total visits projected during this certification period.

**Comments:**

**Notes:** Required on home health claims/encounters that involve billing/reporting home health visits.

Data Element Summary				
	Ref.	Data	Name	Attributes
	Des.	Element		
Required	CR701	921	Discipline Type Code	M ID 2/2
			Code indicating disciplines ordered by a physician	
			ALIAS: Discipline type code	
			INDUSTRY: Discipline Type Code	
			AI Home Health Aide	
			MS Medical Social Worker	
			OT Occupational Therapy	
			PT Physical Therapy	
			SN Skilled Nursing	
			ST Speech Therapy	
Required	CR702	1470	Number	M N0 1/9
			A generic number	
			ALIAS: Total visits rendered, home health	
			INDUSTRY: Total Visits Rendered Count	
Required	CR703	1470	Number	M N0 1/9
			A generic number	
			ALIAS: Total visits projected, home health	
			INDUSTRY: Certification Period Projected Visit Count	

<b>Segment:</b>	<b>HSD</b> Health Care Services Delivery
<b>Position:</b>	243
<b>Loop:</b>	2305 Optional
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	3
<b>Purpose:</b>	To specify the delivery pattern of health care services
<b>Syntax Notes:</b>	<b>1</b> If either HSD01 or HSD02 is present, then the other is required. <b>2</b> If HSD06 is present, then HSD05 is required.
<b>Semantic Notes:</b>	
<b>Comments:</b>	
<b>Notes:</b>	Required on claims/encounters billing/reporting home health visits where further detail is necessary to clearly substantiate medical treatment.

The HSD segment is used to specify the delivery pattern of the health care services. This is how it is used: HSD01 qualifies HSD02: If the value in HSD02=1 and the value in HSD01=VS (Visits), this means "one visit". Between HSD02 and HSD03 verbally insert a "per every." HSD03 qualifies HSD04: If the value in HSD04=3 and the value in HSD03=DA (Day), this means "three days." Between HSD04 and HSD05 verbally insert a "for." HSD05 qualifies HSD06: If the value in HSD06=21 and the value in HSD05=7 (Days), this means "21 days." The total message reads:

HSD\*VS\*1\*DA\*3\*7\*21~

= "One visit per every three days for 21 days."

Another similar data string of HSD\*VS\*2\*DA\*4\*7\*20~

= Two visits per every four days for 20 days.

An alternate way to use HSD is to employ HSD07 and/or HSD08. A data string of HSD\*VS\*1\*\*\*\*\*SX\*D~

means "1 visit on Wednesday and Thursday morning."

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>		<b>Attributes</b>
<b>Situatio</b>	<b>Des.</b>	<b>Element</b>	<b>Name</b>	
	<b>HSD01</b>	<b>673</b>	<b>Quantity Qualifier</b>	<b>X ID 2/2</b>
			Code specifying the type of quantity	
			Required if the order/prescription for the service contains the data.	
			INDUSTRY: Visits	
			VS Visits	
<b>Situatio</b>	<b>HSD02</b>	<b>380</b>	<b>Quantity</b>	<b>X R 1/15</b>
			Numeric value of quantity	
			Required if the order/prescription for the service contains the data.	
			INDUSTRY: Number of Visits	
<b>Situatio</b>	<b>HSD03</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b>	<b>O ID 2/2</b>
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	
			Required if the order/prescription for the service contains the data.	
			ALIAS: Modulus, Unit	
			INDUSTRY: Frequency Period	
			DA Days	
			MO Months	
			Month	
			Q1 Quarter (Time)	
			WK Week	
<b>Situatio</b>	<b>HSD04</b>	<b>1167</b>	<b>Sample Selection Modulus</b>	<b>O R 1/6</b>



To specify the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every fifth bag, every 1.5 minutes  
Required if the order/prescription for the service contains the data.

ALIAS: Modulus, Amount

<b>Situatio</b>	<b>HSD05</b>	<b>615</b>	INDUSTRY: Frequency Count <b>Time Period Qualifier</b>	<b>X</b>	<b>ID 1/2</b>
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Code defining periods

Required if the order/prescription for the service contains the data.

<b>Situatio</b>	<b>HSD06</b>	<b>616</b>	INDUSTRY: Duration of Visits Units 7 Day 35 Week <b>Number of Periods</b>	<b>O</b>	<b>N0 1/3</b>
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Total number of periods

Required if the order/prescription for the service contains the data.

<b>Situatio</b>	<b>HSD07</b>	<b>678</b>	INDUSTRY: Duration of Visits, Number of Units <b>Ship/Delivery or Calendar Pattern Code</b>	<b>O</b>	<b>ID 1/2</b>
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Code which specifies the routine shipments, deliveries, or calendar pattern  
Required if the order/prescription for the service contains the data.

ALIAS: Pattern Code

INDUSTRY: Ship, Delivery or Calendar Pattern Code

1	1st Week of the Month
2	2nd Week of the Month
3	3rd Week of the Month
4	4th Week of the Month
5	5th Week of the Month
6	1st & 3rd Weeks of the Month
7	2nd & 4th Weeks of the Month
A	Monday through Friday
B	Monday through Saturday
C	Monday through Sunday
D	Monday
E	Tuesday
F	Wednesday
G	Thursday
H	Friday
J	Saturday
K	Sunday
L	Monday through Thursday
N	As Directed
O	Daily Mon. through Fri.
S	Once Anytime Mon. through Fri.
SA	Sunday, Monday, Thursday, Friday, Saturday
SB	Tuesday through Saturday
SC	Sunday, Wednesday, Thursday, Friday, Saturday
SD	Monday, Wednesday, Thursday, Friday, Saturday
SG	Tuesday through Friday
SL	Monday, Tuesday and Thursday

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SP	Monday, Tuesday and Friday
SX	Wednesday and Thursday
SY	Monday, Wednesday and Thursday
SZ	Tuesday, Thursday and Friday
W	Whenever Necessary

**Situatio**      **HSD08**      **679**      **Ship/Delivery Pattern Time Code**      **O**      **ID 1/1**

Code which specifies the time for routine shipments or deliveries  
Required if the order/prescription for the service contains the data.

ALIAS: Time Code

INDUSTRY: Delivery Pattern Time Code

D	A.M.
E	P.M.
F	As Directed

<b>Segment:</b>	<b>NM1</b> Referring Provider Name
<b>Position:</b>	250
<b>Loop:</b>	2310A Optional
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.

When there is only one referral on the claim, use code "DN - Referring Provider". When more than one referral exists and there is a requirement to report the additional referral, use code DN in the first iteration of this loop to indicate the referral received by the rendering provider on this claim. Use code "P3 - Primary Care Provider" in the second iteration of the loop to indicate the initial referral from the primary care provider or whatever provider wrote the initial referral for this patient's episode of care being billed/reported in this transaction.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required if claim involved a referral.

When reporting the provider who ordered services such as diagnostic and lab utilize the 2310A loop at the claim level. For ordered services such as DMERC utilize the 2420E Loop at the line level.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	NM101	98	Entity Identifier Code	M ID 2/3
Code identifying an organizational entity, a physical location, property or an individual				
The entity identifier in NM101 applies to all segments in this Loop ID-2310.				
INDUSTRY: Entity Identifier Code				
			DN	Referring Provider
Use on first iteration of this loop. Use if loop is used only once.				
			P3	Primary Care Provider
Physician that is selected by the insured to provide medical care				
Use only if loop is used twice. Use only on second iteration of this loop.				
Required	NM102	1065	Entity Type Qualifier	M ID 1/1
Code qualifying the type of entity				
INDUSTRY: Entity Type Qualifier				
			1	Person
			2	Non-Person Entity
Required	NM103	1035	Name Last or Organization Name	O AN 1/35
Individual last name or organizational name				
ALIAS: Referring Provider Last Name				

NSF Reference: EA0-24.0

<b>Situatio</b>	<b>NM104</b>	<b>1036</b>	INDUSTRY: Referring Provider Last Name <b>Name First</b>	<b>O</b>	<b>AN 1/25</b>
			Individual first name Required if NM102=1 (person).		

ALIAS: Referring Provider First Name

NSF Reference: EA0-25.0

<b>Situatio</b>	<b>NM105</b>	<b>1037</b>	INDUSTRY: Referring Provider First Name <b>Name Middle</b>	<b>O</b>	<b>AN 1/25</b>
			Individual middle name or initial Required if NM102=1 and the middle name/initial of the person is known.		

ALIAS: Referring Provider Middle Name

NSF Reference: EA0-26.0

<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	INDUSTRY: Referring Provider Middle Name <b>Name Prefix</b>	<b>O</b>	<b>AN 1/10</b>
			Prefix to individual name		
<b>Situatio</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b>	<b>O</b>	<b>AN 1/10</b>
			Suffix to individual name Required if known.		

ALIAS: Referring Provider Generation

<b>Situatio</b>	<b>NM108</b>	<b>66</b>	INDUSTRY: Referring Provider Name Suffix <b>Identification Code Qualifier</b>	<b>X</b>	<b>ID 1/2</b>
			Code designating the system/method of code structure used for Identification Code (67) Required if Employer's Identification/Social Security number (Tax ID) or National Provider Identifier is known.		

INDUSTRY: Identification Code Qualifier

24 Employer's Identification Number

34 Social Security Number

XX Health Care Financing Administration National Provider Identifier

<b>Situatio</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b>	<b>X</b>	<b>AN 2/80</b>
			Code identifying a party or other code Required if Employer's Identification/Social Security number (Tax ID) or National Provider Identifier is known.		

ALIAS: Referring Provider Primary Identifier

NSF Reference: EA0-20.0

<b>Not Used</b>	<b>NM110</b>	<b>706</b>	INDUSTRY: Referring Provider Identifier <b>Entity Relationship Code</b>	<b>X</b>	<b>ID 2/2</b>
			Code describing entity relationship		
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O</b>	<b>ID 2/3</b>
			Code identifying an organizational entity, a physical location, property or an individual		

<b>Segment:</b>	<b>PRV</b>	<b>Referring Provider Specialty Information</b>
<b>Position:</b>	255	
<b>Loop:</b>	2310A	Optional
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify the identifying characteristics of a provider	
<b>Syntax Notes:</b>		
<b>Semantic Notes:</b>		
<b>Comments:</b>		
<b>Notes:</b>	The PRV segment in Loop ID-2310 applies to the entire claim unless overridden on the service line level by the presence of a PRV segment with the same value in PRV01.	

Required if required under provider-payer contract.

PRV02 qualifies PRV03.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	PRV01	1221	<b>Provider Code</b> Code identifying the type of provider INDUSTRY: Provider Code RF Referring	M ID 1/3
Required	PRV02	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: <a href="http://www.wpc-edi.com">http://www.wpc-edi.com</a> . This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15. INDUSTRY: Reference Identification Qualifier ZZ Mutually Defined Health Care Provider Taxonomy Code list	M ID 2/3
Required	PRV03	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier ALIAS: Provider Specialty Code Provider Specialty Code	M AN 1/30
Not Used	PRV04	156	INDUSTRY: Provider Taxonomy Code <b>State or Province Code</b> Code (Standard State/Province) as defined by appropriate government agency	O ID 2/2
Not Used	PRV05	C035	<b>Provider Specialty Information</b> To provide provider specialty information	O
Not Used	C03501	1222	<b>Provider Specialty Code</b> Code indicating the primary specialty of the provider, as defined by the receiver	M AN 1/3
Not Used	C03502	559	<b>Agency Qualifier Code</b> Code identifying the agency assigning the code values	O ID 2/2
Not Used	C03503	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response	O ID 1/1
Not Used	PRV06	1223	<b>Provider Organization Code</b> Code identifying the organizational structure of a provider	O ID 3/3

**Segment:** **N2 Additional Referring Provider Name Information**

**Position:** 260

**Loop:** 2310A Optional

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b> Free-form name ALIAS: Referring Provider Additional Name Information	<b>M AN 1/60</b>
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b> INDUSTRY: Referring Provider Name Additional Text Free-form name	<b>O AN 1/60</b>

<b>Segment:</b>	<b>REF</b>	<b>Referring Provider Secondary Identification</b>
<b>Position:</b>	271	
<b>Loop:</b>	2310A	Optional
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	5	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required if NM108/09 in this loop is not used or if a secondary number is necessary to identify the provider. Until the NPI is mandated for use, this REF may be required if necessary to adjudicate the claim.	

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			INDUSTRY: Reference Identification Qualifier	
			0B State License Number	
			1B Blue Shield Provider Number	
			1C Medicare Provider Number	
			1D Medicaid Provider Number	
			1G Provider UPIN Number	
			1H CHAMPUS Identification Number	
			EI Employer's Identification Number	
			G2 Provider Commercial Number	
			A unique number assigned to a provider by a commercial insurer	
			LU Location Number	
			N5 Provider Plan Network Identification Number	
			A number assigned to identify a specific provider in a health care plan network	
			SY Social Security Number	
			The social security number may not be used for Medicare.	
			X5 State Industrial Accident Provider Number	
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			ALIAS: Referring Provider Secondary Identifier	
			NSF Reference: EA0-20.0	
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b>	<b>O</b>
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	

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<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M</b>	<b>AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X</b>	<b>ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X</b>	<b>AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X</b>	<b>ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X</b>	<b>AN 1/30</b>



<b>Segment:</b>	<b>NM1</b>	<b>Rendering Provider Name</b>
<b>Position:</b>	250	
<b>Loop:</b>	2310B	Optional
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To supply the full name of an individual or organizational entity	
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.	
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.	
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.	
<b>Notes:</b>	Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.	

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required when the Rendering Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider NM1 in the 2010AA/AB loops respectively.

Used for all types of rendering providers including laboratories. The Rendering Provider is the person or company (laboratory or other facility) who rendered the care. In the case where a substitute provider (locum tenans) was used, that person should be entered here.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>NM101</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>M ID 2/3</b>
			Code identifying an organizational entity, a physical location, property or an individual	
			The entity identifier in NM101 applies to all segments in this Loop ID-2310.	
			INDUSTRY: Entity Identifier Code	
			82 Rendering Provider	
<b>Required</b>	<b>NM102</b>	<b>1065</b>	<b>Entity Type Qualifier</b>	<b>M ID 1/1</b>
			Code qualifying the type of entity	
			INDUSTRY: Entity Type Qualifier	
			1 Person	
			2 Non-Person Entity	
<b>Required</b>	<b>NM103</b>	<b>1035</b>	<b>Name Last or Organization Name</b>	<b>O AN 1/35</b>
			Individual last name or organizational name	
			ALIAS: Rendering Provider Last Name	
			NSF Reference: FB1-14.0	
<b>Situatio</b>	<b>NM104</b>	<b>1036</b>	<b>Name First</b>	<b>O AN 1/25</b>
			Individual first name	
			Required if NM102=1 (person).	
			ALIAS: Rendering Provider First Name	
			NSF Reference: FB1-15.0	
			INDUSTRY: Rendering Provider First Name	

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<b>Situatio</b>	<b>NM105</b>	<b>1037</b>	<b>Name Middle</b> Individual middle name or initial Required if NM102=1 and the middle name/initial of the person is known.  ALIAS: Rendering Provider Middle Name  NSF Reference: FB1-16.0	<b>O</b>	<b>AN 1/25</b>
<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	INDUSTRY: Rendering Provider Middle Name <b>Name Prefix</b> Prefix to individual name	<b>O</b>	<b>AN 1/10</b>
<b>Situatio</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name Required if known.  ALIAS: Rendering Provider Generation	<b>O</b>	<b>AN 1/10</b>
<b>Required</b>	<b>NM108</b>	<b>66</b>	INDUSTRY: Rendering Provider Name Suffix <b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) FA0-57.0 crosswalk is only used in Medicare COB payer-to-payer claims.  NSF Reference: FA0-57.0  INDUSTRY: Identification Code Qualifier 24 Employer's Identification Number 34 Social Security Number XX Health Care Financing Administration National Provider Identifier	<b>X</b>	<b>ID 1/2</b>
<b>Required</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code FA0-58.0 crosswalk is only used in Medicare COB payer-to-payer claims.  ALIAS: Rendering Provider Primary Identifier  NSF Reference: FA0-23.0, FA0-58.0	<b>X</b>	<b>AN 2/80</b>
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	INDUSTRY: Rendering Provider Identifier <b>Entity Relationship Code</b> Code describing entity relationship	<b>X</b>	<b>ID 2/2</b>
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	<b>O</b>	<b>ID 2/3</b>

**Segment:** **PRV** **Rendering Provider Specialty Information**

**Position:** 255

**Loop:** 2310B Optional

**Level:** Summary

**Usage:** Optional (Must Use)

**Max Use:** 1

**Purpose:** To specify the identifying characteristics of a provider

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** The PRV segment in Loop ID-2310 applies to the entire claim unless overridden on the service line level by the presence of a PRV segment with the same value in PRV01.

PRV02 qualifies PRV03.

Data Element Summary				
	Ref. Des.	Data Element	Name	Attributes
Required	PRV01	1221	<b>Provider Code</b>	M ID 1/3
			Code identifying the type of provider	
			INDUSTRY: Provider Code	
			PE Performing	
Required	PRV02	128	<b>Reference Identification Qualifier</b>	M ID 2/3
			Code qualifying the Reference Identification	
			ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: <a href="http://www.wpc-edi.com">http://www.wpc-edi.com</a> . This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.	
			INDUSTRY: Reference Identification Qualifier	
			ZZ Mutually Defined	
			Health Care Provider Taxonomy Code list	
Required	PRV03	127	<b>Reference Identification</b>	M AN 1/30
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			ALIAS: Provider Specialty Code	
			NSF Reference: FA0-37.0	
Not Used	PRV04	156	<b>State or Province Code</b>	O ID 2/2
			INDUSTRY: Provider Taxonomy Code	
			Code (Standard State/Province) as defined by appropriate government agency	
Not Used	PRV05	C035	<b>Provider Specialty Information</b>	O
			To provide provider specialty information	
Not Used	C03501	1222	<b>Provider Specialty Code</b>	M AN 1/3
			Code indicating the primary specialty of the provider, as defined by the receiver	
Not Used	C03502	559	<b>Agency Qualifier Code</b>	O ID 2/2
			Code identifying the agency assigning the code values	
Not Used	C03503	1073	<b>Yes/No Condition or Response Code</b>	O ID 1/1
			Code indicating a Yes or No condition or response	
Not Used	PRV06	1223	<b>Provider Organization Code</b>	O ID 3/3
			Code identifying the organizational structure of a provider	

**Segment:** **N2 Additional Rendering Provider Name Information**

**Position:** 260

**Loop:** 2310B Optional

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b> Free-form name ALIAS: Rendering Provider Additional Name Information	<b>M AN 1/60</b>
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b> INDUSTRY: Rendering Provider Name Additional Text Free-form name	<b>O AN 1/60</b>

<b>Segment:</b>	<b>REF</b>	<b>Rendering Provider Secondary Identification</b>
<b>Position:</b>	271	
<b>Loop:</b>	2310B	Optional
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	5	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.	

Data Element Summary				
	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			NSF Reference: FA0-57.0	
			INDUSTRY: Reference Identification Qualifier	
			0B State License Number	
			1B Blue Shield Provider Number	
			1C Medicare Provider Number	
			1D Medicaid Provider Number	
			1G Provider UPIN Number	
			1H CHAMPUS Identification Number	
			EI Employer's Identification Number	
			G2 Provider Commercial Number	
			A unique number assigned to a provider by a commercial insurer	
			LU Location Number	
			N5 Provider Plan Network Identification Number	
			A number assigned to identify a specific provider in a health care plan network	
			SY Social Security Number	
			The social security number may not be used for Medicare.	
			X5 State Industrial Accident Provider Number	
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			ALIAS: Rendering Provider Secondary Identifier	
			NSF Reference: FA0-58.0	
			INDUSTRY: Rendering Provider Secondary Identifier	
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b>	<b>O</b>
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>

DRAFT

			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b>	<b>M</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

<b>Segment:</b>	<b>NM1</b>	<b>Purchased Service Provider Name</b>
<b>Position:</b>	250	
<b>Loop:</b>	2310C	Optional
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To supply the full name of an individual or organizational entity	
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.	
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.	
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.	
<b>Notes:</b>	Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.	

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required if purchased services are being billed/reported on this claim. Purchased services are situations where (for example) a physician purchases a diagnostic exam from an outside entity. Purchased services do not include substitute (locum tenens) provider situations. All payer-specific identifying numbers belong to the destination payer identified in the 2010BB loop.

Data Element Summary				
	Ref. Des.	Data Element	Name	Attributes
Required	NM101	98	Entity Identifier Code	M ID 2/3
			Code identifying an organizational entity, a physical location, property or an individual	
			INDUSTRY: Entity Identifier Code	
			QB Purchase Service Provider	
			Entity from which medical supplies may be bought	
Required	NM102	1065	Entity Type Qualifier	M ID 1/1
			Code qualifying the type of entity	
			INDUSTRY: Entity Type Qualifier	
			1 Person	
			2 Non-Person Entity	
Not Used	NM103	1035	Name Last or Organization Name	O AN 1/35
			Individual last name or organizational name	
Not Used	NM104	1036	Name First	O AN 1/25
			Individual first name	
Not Used	NM105	1037	Name Middle	O AN 1/25
			Individual middle name or initial	
Not Used	NM106	1038	Name Prefix	O AN 1/10
			Prefix to individual name	
Not Used	NM107	1039	Name Suffix	O AN 1/10
			Suffix to individual name	
Situatio	NM108	66	Identification Code Qualifier	X ID 1/2
			Code designating the system/method of code structure used for Identification Code (67)	
			Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.	
			INDUSTRY: Identification Code Qualifier	

DRAFT

24	Employer's Identification Number
34	Social Security Number
XX	Health Care Financing Administration National Provider Identifier

<b>Situatio</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b>	<b>X</b>	<b>AN 2/80</b>
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Code identifying a party or other code  
Required if either Employer's Identification/Social Security Number or  
National Provider Identifier is known.

ALIAS: Purchased Service Provider Primary Identifier

NSF Reference: FB0-11.0

Not Used	NM110	706	INDUSTRY: Purchased Service Provider Identifier Entity Relationship Code	X	ID 2/2
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Code describing entity relationship

Not Used	NM111	98	Entity Identifier Code	O	ID 2/3
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Code identifying an organizational entity, a physical location, property or an individual



<b>Segment:</b>	<b>REF</b>	<b>Purchased Service Provider Secondary Identification</b>
<b>Position:</b>	271	
<b>Loop:</b>	2310C	Optional
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	5	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM108/9 in this loop.	

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
Code qualifying the Reference Identification				
INDUSTRY: Reference Identification Qualifier				
		0B	State License Number	
		1A	Blue Cross Provider Number	
		1B	Blue Shield Provider Number	
		1C	Medicare Provider Number	
		1D	Medicaid Provider Number	
		1G	Provider UPIN Number	
		1H	CHAMPUS Identification Number	
		EI	Employer's Identification Number	
		G2	Provider Commercial Number	
			A unique number assigned to a provider by a commercial insurer	
		LU	Location Number	
		N5	Provider Plan Network Identification Number	
			A number assigned to identify a specific provider in a health care plan network	
		SY	Social Security Number	
			The social security number may not be used for Medicare.	
		U3	Unique Supplier Identification Number (USIN)	
		X5	State Industrial Accident Provider Number	
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
ALIAS: Purchased Service Provider Secondary Identifier				
NSF Reference: FB0-11.0				
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X AN 1/80</b>
A free-form description to clarify the related data elements and their content				
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b>	<b>O</b>
To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier				
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>

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			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b>	<b>M</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

<b>Segment:</b>	<b>NM1</b> Service Facility Location
<b>Position:</b>	250
<b>Loop:</b>	2310D Optional
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

This loop is required when the location of health care service is different than that carried in the 2010AA (Billing Provider) or 2010AB (Pay-to Provider) loops.

Required if the service was rendered in a Health Professional Shortage Area (QB or QU modifier billed) and the place of service is different than the HPSA billing address.

The purpose of this loop is to identify specifically where the service was rendered. In cases where it was rendered at the patient's home, do not use this loop. In that case, the place of service code in CLM05-1 should indicate that the service occurred in the patient's home.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element Name</b>	
<b>Required</b>	<b>NM101</b>	<b>98 Entity Identifier Code</b>	<b>M ID 2/3</b>
		Code identifying an organizational entity, a physical location, property or an individual	
		INDUSTRY: Entity Identifier Code	
		77 Service Location	
		Use when other codes in this element do not apply.	
		FA Facility	
		LI Independent Lab	
		Outside laboratory which provides test results for entity providing medical services	
		TL Testing Laboratory	
<b>Required</b>	<b>NM102</b>	<b>1065 Entity Type Qualifier</b>	<b>M ID 1/1</b>
		Code qualifying the type of entity	
		INDUSTRY: Entity Type Qualifier	
		2 Non-Person Entity	
<b>Situatio</b>	<b>NM103</b>	<b>1035 Name Last or Organization Name</b>	<b>O AN 1/35</b>
		Individual last name or organizational name	
		Required except when service was rendered in the patient's home.	
		ALIAS: Laboratory/Facility Name	
		NSF Reference: EA0-39.0	
		INDUSTRY: Laboratory or Facility Name	
<b>Not Used</b>	<b>NM104</b>	<b>1036 Name First</b>	<b>O AN 1/25</b>
P837V401 (004010X098)		507	August 8, 2001

DRAFT

			Individual first name	
<b>Not Used</b>	<b>NM105</b>	<b>1037</b>	<b>Name Middle</b>	<b>O AN 1/25</b>
			Individual middle name or initial	
<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	<b>Name Prefix</b>	<b>O AN 1/10</b>
			Prefix to individual name	
<b>Not Used</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b>	<b>O AN 1/10</b>
			Suffix to individual name	
<b>Situatio</b>	<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b>	<b>X ID 1/2</b>
			Code designating the system/method of code structure used for Identification Code (67)	
			Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.	
			INDUSTRY: Identification Code Qualifier	
			24 Employer's Identification Number	
			34 Social Security Number	
			XX Health Care Financing Administration National Provider Identifier	
<b>Situatio</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b>	<b>X AN 2/80</b>
			Code identifying a party or other code	
			Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.	
			ALIAS: Laboratory/Facility Primary Identifier	
			NSF Reference: EA1-04.0, EA0-53.0	
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	INDUSTRY: Laboratory or Facility Primary Identifier <b>Entity Relationship Code</b>	<b>X ID 2/2</b>
			Code describing entity relationship	
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O ID 2/3</b>
			Code identifying an organizational entity, a physical location, property or an individual	

**Segment:** **N2** Additional Service Facility Location Name Information

**Position:** 260

**Loop:** 2310D Optional

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b> Free-form name ALIAS: Laboratory/Facility Additional Name Information	<b>M AN 1/60</b>
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b> INDUSTRY: Laboratory or Facility Name Additional Text Free-form name	<b>O AN 1/60</b>

**Segment:** **N3** Service Facility Location Address

**Position:** 265

**Loop:** 2310D Optional

**Level:** Summary

**Usage:** Optional (Must Use)

**Max Use:** 1

**Purpose:** To specify the location of the named party

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** If service facility location is in an area where there are no street addresses, enter a description of where the service was rendered (e.g., "crossroad of State Road 34 and 45" or "Exit near Mile marker 265 on Interstate 80".)

Data Element Summary				
	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>N301</b>	<b>166</b>	<b>Address Information</b>	<b>M AN 1/55</b>
			Address information	
			ALIAS: Laboratory/Facility Address 1	
			NSF Reference: EA1-06.0	
<b>Situatio</b>	<b>N302</b>	<b>166</b>	<b>Address Information</b>	<b>O AN 1/55</b>
			Address information	
			Required if a second address line exists.	
			ALIAS: Laboratory/Facility Address 2	
			NSF Reference: EA1-07.0	
			INDUSTRY: Laboratory or Facility Address Line	

<b>Segment:</b>	<b>N4 Service Facility Location City/State/ZIP</b>
<b>Position:</b>	270
<b>Loop:</b>	2310D Optional
<b>Level:</b>	Summary
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify the geographic place of the named party
<b>Syntax Notes:</b>	1 If N406 is present, then N405 is required.
<b>Semantic Notes:</b>	
<b>Comments:</b>	1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location. 2 N402 is required only if city name (N401) is in the U.S. or Canada.
<b>Notes:</b>	If service facility location is in an area where there are no street addresses, enter the name of the nearest town, state and zip of where the service was rendered.

Data Element Summary				
	Ref. Des.	Data Element	Name	Attributes
Required	N401	19	City Name Free-form text for city name ALIAS: Laboratory/Facility City  NSF Reference: EA1-08.0	O AN 2/30
Required	N402	156	INDUSTRY: Laboratory or Facility City Name State or Province Code Code (Standard State/Province) as defined by appropriate government agency ALIAS: Laboratory/Facility State  NSF Reference: EA1-09.0	O ID 2/2
Required	N403	116	INDUSTRY: Laboratory or Facility State or Province Code Postal Code Code defining international postal zone code excluding punctuation and blanks (zip code for United States) ALIAS: Laboratory/Facility Zip Code  NSF Reference: EA1-10.0	O ID 3/15
Situatio	N404	26	INDUSTRY: Laboratory or Facility Postal Zone or ZIP Code Country Code Code identifying the country Required if the address is out of the U.S.  ALIAS: Laboratory/Facility Country Code	O ID 2/3
Not Used	N405	309	INDUSTRY: Country Code Location Qualifier Code identifying type of location	X ID 1/2
Not Used	N406	310	Location Identifier Code which identifies a specific location	O AN 1/30

<b>Segment:</b>	<b>REF</b>	<b>Service Facility Location Secondary Identification</b>
<b>Position:</b>	271	
<b>Loop:</b>	2310D	Optional
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	5	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.	

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
Code qualifying the Reference Identification				
INDUSTRY: Reference Identification Qualifier				
		0B	State License Number	
		1A	Blue Cross Provider Number	
		1B	Blue Shield Provider Number	
		1C	Medicare Provider Number	
		1D	Medicaid Provider Number	
		1G	Provider UPIN Number	
		1H	CHAMPUS Identification Number	
		G2	Provider Commercial Number	
			A unique number assigned to a provider by a commercial insurer	
		LU	Location Number	
		N5	Provider Plan Network Identification Number	
			A number assigned to identify a specific provider in a health care plan network	
		TJ	Federal Taxpayer's Identification Number	
		X4	Clinical Laboratory Improvement Amendment Number	
		X5	State Industrial Accident Provider Number	
Required	REF02	127	<b>Reference Identification</b>	<b>X AN 1/30</b>
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
ALIAS: Laboratory/Facility Secondary Identification Number				
NSF Reference: EA1-04.0, EA0-53.0				
Not Used	REF03	352	<b>Description</b>	<b>X AN 1/80</b>
INDUSTRY: Laboratory or Facility Secondary Identifier				
A free-form description to clarify the related data elements and their content				
Not Used	REF04	C040	<b>Reference Identifier</b>	<b>O</b>
To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier				
Not Used	C04001	128	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
Code qualifying the Reference Identification				
Not Used	C04002	127	<b>Reference Identification</b>	<b>M AN 1/30</b>
Reference information as defined for a particular Transaction Set or as				



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<b>Not Used</b>	<b>C04003</b>	<b>128</b>	specified by the Reference Identification Qualifier <b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

<b>Segment:</b>	<b>NM1</b> Supervising Provider Name
<b>Position:</b>	250
<b>Loop:</b>	2310E Optional
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.

Required when the rendering provider is supervised by a physician.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Data Element Summary				
	Ref. Des.	Data Element	Name	Attributes
Required	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code DQ Supervising Physician	M ID 2/3
Required	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person	M ID 1/1
Required	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name ALIAS: Supervising Provider Last Name  NSF Reference: EA1-18.0	O AN 1/35
Required	NM104	1036	INDUSTRY: Supervising Provider Last Name <b>Name First</b> Individual first name ALIAS: Supervising Provider First Name  NSF Reference: EA1-19.0	O AN 1/25
Situatio	NM105	1037	INDUSTRY: Supervising Provider First Name <b>Name Middle</b> Individual middle name or initial Required if NM102=1 and the middle name/initial of the person is known.  ALIAS: Supervising Provider Middle Name  NSF Reference: EA1-20.0	O AN 1/25
Not Used	NM106	1038	INDUSTRY: Supervising Provider Middle Name <b>Name Prefix</b>	O AN 1/10

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			Prefix to individual name	
<b>Situatio</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name Required if known.  ALIAS: Supervising Provider Generation	<b>O AN 1/10</b>
<b>Situatio</b>	<b>NM108</b>	<b>66</b>	INDUSTRY: Supervising Provider Name Suffix <b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.  INDUSTRY: Identification Code Qualifier 24 Employer's Identification Number 34 Social Security Number The social security number may not be used for Medicare. XX Health Care Financing Administration National Provider Identifier	<b>X ID 1/2</b>
<b>Situatio</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.  ALIAS: Supervising Provider Primary Identifier  NSF Reference: EA1-16.0	<b>X AN 2/80</b>
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	INDUSTRY: Supervising Provider Identifier <b>Entity Relationship Code</b> Code describing entity relationship	<b>X ID 2/2</b>
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	<b>O ID 2/3</b>

**Segment:** **N2 Additional Supervising Provider Name Information**

**Position:** 260

**Loop:** 2310E Optional

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b><u>Name</u></b>	<b><u>Attributes</u></b>
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b> Free-form name ALIAS: Supervising Provider Additional Name Information	<b>M AN 1/60</b>
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b> INDUSTRY: Supervising Provider Name Additional Text Free-form name	<b>O AN 1/60</b>

<b>Segment:</b>	<b>REF</b>	<b>Supervising Provider Secondary Identification</b>
<b>Position:</b>	271	
<b>Loop:</b>	2310E	Optional
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	5	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM108/9 in this loop.	

Data Element Summary				
	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			INDUSTRY: Reference Identification Qualifier	
			0B State License Number	
			1B Blue Shield Provider Number	
			1C Medicare Provider Number	
			1D Medicaid Provider Number	
			1G Provider UPIN Number	
			1H CHAMPUS Identification Number	
			EI Employer's Identification Number	
			G2 Provider Commercial Number	
			A unique number assigned to a provider by a commercial insurer	
			LU Location Number	
			N5 Provider Plan Network Identification Number	
			A number assigned to identify a specific provider in a health care plan network	
			SY Social Security Number	
			The social security number may not be used for Medicare.	
			X5 State Industrial Accident Provider Number	
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			ALIAS: Supervising Provider Secondary Identifier	
			NSF Reference: EA1-16.0	
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b>	<b>O</b>
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b>	<b>M AN 1/30</b>

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			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

**Segment: SBR Other Subscriber Information****Position:** 290**Loop:** 2320 Optional**Level:** Summary**Usage:** Optional**Max Use:** 1**Purpose:** To record information specific to the primary insured and the insurance carrier for that insured**Syntax Notes:****Semantic Notes:**

- 1** SBR02 specifies the relationship to the person insured.
- 2** SBR03 is policy or group number.
- 3** SBR04 is plan name.
- 4** SBR07 is destination payer code. A "Y" value indicates the payer is the destination payer; an "N" value indicates the payer is not the destination payer.

**Comments:****Notes:** Required if other payers are known to potentially be involved in paying on this claim.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

All information contained in the 2320 Loop applies only to the payer who is identified in the 2330B Loop of this iteration of the 2320 Loop. It is specific only to that payer. If information on additional payers is needed to be carried, run the 2320 Loop again with it's respective 2330 Loops.

See Section 1.4.4 for more information on handling COB.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

**Data Element Summary**

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>SBR01</b>	<b>1138</b>	<b>Payer Responsibility Sequence Number Code</b>	<b>M ID 1/1</b>
			Code identifying the insurance carrier's level of responsibility for a payment of a claim	
			ALIAS: Payer responsibility sequence number code	
			NSF Reference: DA0-02.0, DA1-02.0, DA2-02.0	
			INDUSTRY: Payer Responsibility Sequence Number Code	
			P Primary	
			S Secondary	
			T Tertiary	
<b>Required</b>	<b>SBR02</b>	<b>1069</b>	<b>Individual Relationship Code</b>	<b>O ID 2/2</b>
			Code indicating the relationship between two individuals or entities	
			ALIAS: Individual relationship code	
			NSF Reference: DA0-17.0	
			INDUSTRY: Individual Relationship Code	
			01 Spouse	
			04 Grandfather or Grandmother	
			05 Grandson or Granddaughter	
			07 Nephew or Niece	
			10 Foster Child	
			15 Ward	

17	Stepson or Stepdaughter
18	Self
19	Child
	Dependent between the ages of 0 and 19; age qualifications may vary depending on policy
20	Employee
21	Unknown
22	Handicapped Dependent
23	Sponsored Dependent
	Dependents between the ages of 19 and 25 not attending school; age qualifications may vary depending on policy
24	Dependent of a Minor Dependent
	A child not legally of age who has been granted adult status
29	Significant Other
32	Mother
33	Father
36	Emancipated Minor
	A person who has been judged by a court of competent jurisdiction to be allowed to act in his or her own interest; no adult is legally responsible for this minor; this may be declared as a result of marriage
39	Organ Donor
	Individual receiving medical service in order to donate organs for a transplant
40	Cadaver Donor
	Deceased individual donating body to be used for research or transplants
41	Injured Plaintiff
43	Child Where Insured Has No Financial Responsibility
	Child is covered by the insured but the insured is not the legal guardian
53	Life Partner
G8	Other Relationship

**Situatio SBR03 127 Reference Identification O AN 1/30**  
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier  
Required if the subscriber's payer identification includes Group or Plan Number. This data element is intended to carry the subscriber's Group Number, not the number that uniquely identifies the subscriber (Subscriber ID, Loop 2010BA-NM109).

ALIAS: Group or Policy Number

NSF Reference: DA0-10.0

**Situatio SBR04 93 INDUSTRY: Insured Group or Policy Number Name O AN 1/60**  
Free-form name  
Required if the subscriber's payer identification includes a Group or Plan Name.

ALIAS: Group or Plan Name

NSF Reference: DA0-11.0



<b>Required</b>	<b>SBR05</b>	<b>1336</b>	INDUSTRY: Other Insured Group Name	<b>O ID 1/3</b>
			<b>Insurance Type Code</b> Code identifying the type of insurance policy within a specific insurance program ALIAS: Insurance type code  NSF Reference: DA0-06.0	
			INDUSTRY: Insurance Type Code	
			AP Auto Insurance Policy C1 Commercial CP Medicare Conditionally Primary GP Group Policy  Two or more people who are part of complete unit who enter into an insurance contract with an insurance company HM Health Maintenance Organization (HMO) IP Individual Policy LD Long Term Policy LT Litigation MB Medicare Part B MC Medicaid  Program of health care services made available to medically indigent and other needy persons, regardless of age, under terms of a 1965 amendment to the U.S. Social Security Act MI Medigap Part B  Health insurance policy intended to cover the non-covered portion of expenses eligible for Medicare Part B reimbursement which must be paid by a Medicare beneficiary for health care services and/or supplies received MP Medicare Primary  Medicare has the primary responsibility to pay for health care services and/or supplies received by a covered beneficiary (a person entitled to Medicare benefits) OT Other PP Personal Payment (Cash - No Insurance) SP Supplemental Policy  An insurance policy intended to cover non-covered charges of another insurance policy	
<b>Not Used</b>	<b>SBR06</b>	<b>1143</b>	<b>Coordination of Benefits Code</b> Code identifying whether there is a coordination of benefits	<b>O ID 1/1</b>
<b>Not Used</b>	<b>SBR07</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response	<b>O ID 1/1</b>
<b>Not Used</b>	<b>SBR08</b>	<b>584</b>	<b>Employment Status Code</b> Code showing the general employment status of an employee/claimant	<b>O ID 2/2</b>
<b>Situatio</b>	<b>SBR09</b>	<b>1032</b>	<b>Claim Filing Indicator Code</b> Code identifying type of claim Required prior to mandated used of PlanID. Not used after PlanID is mandated.  ALIAS: Claim filing indicator code  NSF Reference: DA0-05.0	<b>O ID 1/2</b>

## INDUSTRY: Claim Filing Indicator Code

09	Self-pay
10	Central Certification CA0-23.0 (K), DA0-05.0 (K)
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk
AM	Automobile Medical
BL	Blue Cross/Blue Shield
CH	Champus
CI	Commercial Insurance Co.
DS	Disability
HM	Health Maintenance Organization
LI	Liability
LM	Liability Medical
MB	Medicare Part B
MC	Medicaid
OF	Other Federal Program
TV	Title V
VA	Veteran Administration Plan Refers to Veterans Affairs Plan.
WC	Workers' Compensation Health Claim
ZZ	Mutually Defined Unknown

**Segment: CAS Claim Level Adjustments****Position:** 295**Loop:** 2320 Optional**Level:** Summary**Usage:** Optional**Max Use:** 5**Purpose:** To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

- Syntax Notes:**
- 1 If CAS05 is present, then at least one of CAS06 or CAS07 is required.
  - 2 If CAS06 is present, then CAS05 is required.
  - 3 If CAS07 is present, then CAS05 is required.
  - 4 If CAS08 is present, then at least one of CAS09 or CAS10 is required.
  - 5 If CAS09 is present, then CAS08 is required.
  - 6 If CAS10 is present, then CAS08 is required.
  - 7 If CAS11 is present, then at least one of CAS12 or CAS13 is required.
  - 8 If CAS12 is present, then CAS11 is required.
  - 9 If CAS13 is present, then CAS11 is required.
  - 10 If CAS14 is present, then at least one of CAS15 or CAS16 is required.
  - 11 If CAS15 is present, then CAS14 is required.
  - 12 If CAS16 is present, then CAS14 is required.
  - 13 If CAS17 is present, then at least one of CAS18 or CAS19 is required.
  - 14 If CAS18 is present, then CAS17 is required.
  - 15 If CAS19 is present, then CAS17 is required.

- Semantic Notes:**
- 1 CAS03 is the amount of adjustment.
  - 2 CAS04 is the units of service being adjusted.
  - 3 CAS06 is the amount of the adjustment.
  - 4 CAS07 is the units of service being adjusted.
  - 5 CAS09 is the amount of the adjustment.
  - 6 CAS10 is the units of service being adjusted.
  - 7 CAS12 is the amount of the adjustment.
  - 8 CAS13 is the units of service being adjusted.
  - 9 CAS15 is the amount of the adjustment.
  - 10 CAS16 is the units of service being adjusted.
  - 11 CAS18 is the amount of the adjustment.
  - 12 CAS19 is the units of service being adjusted.

- Comments:**
- 1 Adjustment information is intended to help the provider balance the remittance information. Adjustment amounts should fully explain the difference between submitted charges and the amount paid.

- Notes:**
- 2 When the submitted charges are paid in full, the value for CAS03 should be zero. Submitters should use this CAS segment to report prior payers' claim level adjustments that cause the amount paid to differ from the amount originally charged.

Only one Group Code is allowed per CAS. If it is necessary to send more than one Group Code at the claim level, repeat the CAS segment again.

Codes and associated amounts should come from 835s (Remittance Advice) received on the claim. If no previous payments have been made, omit this segment.

Required if claim has been adjudicated by payer identified in this loop and has claim level adjustment information.

To locate the claim adjustment group codes (CAS01) and claim adjustment reason codes (CAS02, 05, 08, 11, 14, and 17) see the Washington Publishing Company web site: <http://www.wpc-edi.com>. Follow the buttons to Code Lists - Claim Adjustment Reason Codes.

There several NSF fields which are not directly crosswalked from the 837 to NSF, particularly with respect to payer-to-payer COB situations. Below is a list of some of these NSF fields and some suggestions regarding how to handle them in the 837.

Provider Adjustment Amt (DA3-25.0). This would equal the sum of all the adjustment amounts in CAS03, 06, 09, 12, 15, and 18 at both the claim and the line level. See the 835 for how to balance the CAS adjustments against the total billed amount.

Beneficiary liability amount (FA0-53.0) This amount would equal the sum of all the adjustment amounts in CAS03, 06, 09, 12, 15, and 18 at both the claim and the line level when CAS01 = PR (patient responsibility).

Amount paid to Provider (DA1-33.0). This would be calculated through the use of the CAS codes. Please see the detail on the codes and the discussion of how to use them in the 835 implementation guide.

Balance bill limit charge (FA0-54.0). This would equal any CAS adjustment where CAS01=CO and one of the adjustment reason code elements equaled "45".

Beneficiary Adjustment Amt (DA3-26.0) Amount paid to beneficiary (DA1-30.0)). The amount paid to the beneficiary is indicated by the use of CAS code "100 - Payment made to patient/insured/responsible party."

Original Paid Amount (DA3-28.0): The original paid amount can be calculated from the original COB claim by subtracting all claim adjustments carried in the claim and line level CAS from the original billed amount.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>CAS01</b>	<b>1033</b>	<b>Claim Adjustment Group Code</b> Code identifying the general category of payment adjustment ALIAS: Claim Adjustment Group Code  INDUSTRY: Claim Adjustment Group Code CO Contractual Obligations CR Correction and Reversals OA Other adjustments PI Payor Initiated Reductions PR Patient Responsibility	<b>M ID 1/2</b>
<b>Required</b>	<b>CAS02</b>	<b>1034</b>	<b>Claim Adjustment Reason Code</b> Code identifying the detailed reason the adjustment was made ALIAS: Adjustment Reason Code - Claim Level  NSF Reference: DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-14.0, DA3-16.0, DA1-16.0, DA1-30.0	<b>M ID 1/5</b>
<b>Required</b>	<b>CAS03</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount ALIAS: Adjusted Amount - Claim Level  NSF Reference: DA1-09.0, DA1-10.0, DA1-11.0, DA1-12.0, DA1-13.0, DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-15.0, DA3-17.0, DA1-30.0, DA1-33.0, DA3-25.0, DA3-26.0	<b>M R 1/18</b>
<b>Situatio</b>	<b>CAS04</b>	<b>380</b>	<b>Quantity</b> Numeric value of quantity Use as needed to show payer adjustment.  ALIAS: Adjusted Units - Claim Level	<b>O R 1/15</b>
<b>Situatio</b>	<b>CAS05</b>	<b>1034</b>	<b>Claim Adjustment Reason Code</b> Code identifying the detailed reason the adjustment was made	<b>X ID 1/5</b>

Use as needed to show payer adjustment.

ALIAS: Adjustment Reason Code - Claim Level

NSF Reference: DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-14.0, DA3-16.0, DA1-17.0, DA1-30.0

<b>Situatio</b>	<b>CAS06</b>	<b>782</b>	INDUSTRY: Adjustment Reason Code <b>Monetary Amount</b>	<b>X</b>	<b>R 1/18</b>
			Monetary amount		
			Use as needed to show payer adjustment.		

ALIAS: Adjusted Amount - Claim Level

NSF Reference: DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-15.0, DA3-17.0, DA1-30.0, DA1-33.0, DA3-25.0, DA3-26.0

<b>Situatio</b>	<b>CAS07</b>	<b>380</b>	INDUSTRY: Adjustment Amount <b>Quantity</b>	<b>X</b>	<b>R 1/15</b>
			Numeric value of quantity		
			Use as needed to show payer adjustment.		

ALIAS: Adjusted Units - Claim Level

<b>Situatio</b>	<b>CAS08</b>	<b>1034</b>	INDUSTRY: Adjustment Quantity <b>Claim Adjustment Reason Code</b>	<b>X</b>	<b>ID 1/5</b>
			Code identifying the detailed reason the adjustment was made		
			Use as needed to show payer adjustment.		

ALIAS: Adjustment Reason Code - Claim Level

NSF Reference: DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-14.0, DA3-16.0, DA1-30.0, DA1-18.0

<b>Situatio</b>	<b>CAS09</b>	<b>782</b>	INDUSTRY: Adjustment Reason Code <b>Monetary Amount</b>	<b>X</b>	<b>R 1/18</b>
			Monetary amount		
			Use as needed to show payer adjustment.		

ALIAS: Adjusted Amount - Claim Level

NSF Reference: DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-15.0, DA3-17.0, DA1-30.0, DA1-33.0, DA3-25.0, DA3-26.0

<b>Situatio</b>	<b>CAS10</b>	<b>380</b>	INDUSTRY: Adjustment Amount <b>Quantity</b>	<b>X</b>	<b>R 1/15</b>
			Numeric value of quantity		
			Use as needed to show payer adjustment.		

ALIAS: Adjusted Units - Claim Level

<b>Situatio</b>	<b>CAS11</b>	<b>1034</b>	INDUSTRY: Adjustment Quantity <b>Claim Adjustment Reason Code</b>	<b>X</b>	<b>ID 1/5</b>
			Code identifying the detailed reason the adjustment was made		
			Use as needed to show payer adjustment.		

ALIAS: Adjustment Reason Code - Claim Level

NSF Reference: DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-14.0, DA3-16.0, DA1-30.0

**Situatio**      **CAS12**      **782**      **INDUSTRY: Adjustment Reason Code**  
**Monetary Amount**      **X**      **R 1/18**  
 Monetary amount  
 Use as needed to show payer adjustment.

ALIAS: Adjusted Amount - Claim Level

NSF Reference: DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-15.0, DA3-17.0, DA1-30.0, DA1-33.0, DA3-25.0, DA3-26.0

**Situatio**      **CAS13**      **380**      **INDUSTRY: Adjustment Amount**  
**Quantity**      **X**      **R 1/15**  
 Numeric value of quantity  
 Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Claim Level

**Situatio**      **CAS14**      **1034**      **INDUSTRY: Adjustment Quantity**  
**Claim Adjustment Reason Code**      **X**      **ID 1/5**  
 Code identifying the detailed reason the adjustment was made  
 Use as needed to show payer adjustment.

ALIAS: Adjustment Reason Code - Claim Level

NSF Reference: DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-14.0, DA3-16.0, DA1-30.0

**Situatio**      **CAS15**      **782**      **INDUSTRY: Adjustment Reason Code**  
**Monetary Amount**      **X**      **R 1/18**  
 Monetary amount  
 Use as needed to show payer adjustment.

ALIAS: Adjusted Amount - Claim Level

NSF Reference: DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-15.0, DA3-17.0, DA1-30.0, DA1-33.0, DA3-25.0, DA3-26.0

**Situatio**      **CAS16**      **380**      **INDUSTRY: Adjustment Amount**  
**Quantity**      **X**      **R 1/15**  
 Numeric value of quantity  
 Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Claim Level

**Situatio**      **CAS17**      **1034**      **INDUSTRY: Adjustment Quantity**  
**Claim Adjustment Reason Code**      **X**      **ID 1/5**  
 Code identifying the detailed reason the adjustment was made  
 Use as needed to show payer adjustment.

ALIAS: Adjustment Reason Code - Claim Level

NSF Reference: DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-14.0, DA3-16.0, DA1-30.0

INDUSTRY: Adjustment Reason Code

DRAFT  
**Situatio**

**CAS18**

**782**

**Monetary Amount**

**X R 1/18**

Monetary amount

Use as needed to show payer adjustment.

ALIAS: Adjusted Amount - Claim Level

NSF Reference: DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-15.0, DA3-17.0, DA1-30.0, DA1-33.0, DA3-25.0, DA3-26.0

**Situatio**

**CAS19**

**380**

INDUSTRY: Adjustment Amount

**Quantity**

**X R 1/15**

Numeric value of quantity

Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Claim Level

INDUSTRY: Adjustment Quantity

**Segment:** **AMT** Coordination of Benefits (COB) Payer Paid Amount  
**Position:** 300  
**Loop:** 2320 Optional  
**Level:** Summary  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To indicate the total monetary amount  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:** Required if claim has been adjudicated by payer identified in this loop. It is acceptable to show "0" amount paid.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	AMT01	522	Amount Qualifier Code Code to qualify amount INDUSTRY: Amount Qualifier Code D Payor Amount Paid	M ID 1/3
Required	AMT02	782	Monetary Amount Monetary amount This is a crosswalk from CLP04 in 835 when doing COB.	M R 1/18
Not Used	AMT03	478	INDUSTRY: Payer Paid Amount Credit/Debit Flag Code Code indicating whether amount is a credit or debit	O ID 1/1



**Segment:** **AMT** Coordination of Benefits (COB) Approved Amount

**Position:** 300

**Loop:** 2320 Optional

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To indicate the total monetary amount

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Used primarily in payer-to-payer COB situations by the payer who is sending this claim to another payer. Providers (in a provider-to-payer COB situation) do not usually complete this information but may do so if the information is available.

The approved amount equals the amount for the total claim that was approved by the payer sending this 837 to another payer.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>AMT01</b>	<b>522</b>	<b>Amount Qualifier Code</b> Code to qualify amount INDUSTRY: Amount Qualifier Code AAE Approved Amount	<b>M ID 1/3</b>
<b>Required</b>	<b>AMT02</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount NSF Reference: DA1-37.0	<b>M R 1/18</b>
<b>Not Used</b>	<b>AMT03</b>	<b>478</b>	INDUSTRY: Approved Amount <b>Credit/Debit Flag Code</b> Code indicating whether amount is a credit or debit	<b>O ID 1/1</b>

**Segment:** **AMT** Coordination of Benefits (COB) Allowed Amount

**Position:** 300

**Loop:** 2320 Optional

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To indicate the total monetary amount

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Used primarily in payer-to-payer COB situations by the payer who is sending this claim to another payer. Providers (in a provider-to-payer COB situation) do not usually complete this information but may do so if the information is available.

The allowed amount equals the amount for the total claim that was allowed by the payer sending this 837 to another payer.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	AMT01	522	<b>Amount Qualifier Code</b> Code to qualify amount INDUSTRY: Amount Qualifier Code B6 Allowed - Actual Amount considered for payment under the provisions of the contract	<b>M ID 1/3</b>
Required	AMT02	782	<b>Monetary Amount</b> Monetary amount INDUSTRY: Allowed Amount	<b>M R 1/18</b>
Not Used	AMT03	478	<b>Credit/Debit Flag Code</b> Code indicating whether amount is a credit or debit	<b>O ID 1/1</b>

**Segment:** **AMT** **Coordination of Benefits (COB) Patient Responsibility Amount**

**Position:** 300

**Loop:** 2320 Optional

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To indicate the total monetary amount

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if patient is responsible for payment according to another payer's adjudication. This is the amount of money which is the responsibility of the patient according to the payer identified in this loop (2330B NM1).

Data Element Summary				
	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>AMT01</b>	<b>522</b>	<b>Amount Qualifier Code</b>	<b>M ID 1/3</b>
			Code to qualify amount	
			INDUSTRY: Amount Qualifier Code	
			F2 Patient Responsibility - Actual	
			Calculated value one receiving medical care is obliged to pay	
<b>Required</b>	<b>AMT02</b>	<b>782</b>	<b>Monetary Amount</b>	<b>M R 1/18</b>
			Monetary amount	
			This is a crosswalk from CLP05 in 835 when doing COB.	
<b>Not Used</b>	<b>AMT03</b>	<b>478</b>	<b>Credit/Debit Flag Code</b>	<b>O ID 1/1</b>
			INDUSTRY: Other Payer Patient Responsibility Amount	
			Code indicating whether amount is a credit or debit	

**Segment:** **AMT** Coordination of Benefits (COB) Covered Amount

**Position:** 300

**Loop:** 2320 Optional

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To indicate the total monetary amount

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Used primarily in payer-to-payer COB situations by the payer who is sending this claim to another payer. Providers (in a provider-to-payer COB situation) do not usually complete this information but may do so if the information is available.

The covered amount equals the amount for the total claim that was covered by the payer sending this 837 to another payer.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	AMT01	522	<b>Amount Qualifier Code</b> Code to qualify amount INDUSTRY: Amount Qualifier Code AU Coverage Amount The dollar amount of property coverage provided by a specific policy contract	<b>M ID 1/3</b>
Required	AMT02	782	<b>Monetary Amount</b> Monetary amount This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = AU.	<b>M R 1/18</b>
Not Used	AMT03	478	INDUSTRY: Other Payer Covered Amount <b>Credit/Debit Flag Code</b> Code indicating whether amount is a credit or debit	<b>O ID 1/1</b>

**Segment:** **AMT** Coordination of Benefits (COB) Discount Amount

**Position:** 300

**Loop:** 2320 Optional

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To indicate the total monetary amount

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if claim has been adjudicated by the payer identified in this loop and if this information was included in the remittance advice reporting those adjudication results.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>AMT01</b>	<b>522</b>	<b>Amount Qualifier Code</b> Code to qualify amount INDUSTRY: Amount Qualifier Code D8 Discount Amount A reduction from the usual price	<b>M ID 1/3</b>
<b>Required</b>	<b>AMT02</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = D8.	<b>M R 1/18</b>
<b>Not Used</b>	<b>AMT03</b>	<b>478</b>	INDUSTRY: Other Payer Discount Amount <b>Credit/Debit Flag Code</b> Code indicating whether amount is a credit or debit	<b>O ID 1/1</b>

**Segment:** **AMT** Coordination of Benefits (COB) Per Day Limit Amount

**Position:** 300

**Loop:** 2320 Optional

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To indicate the total monetary amount

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if claim has been adjudicated by the payer identified in this loop and if this information was included in the remittance advice reporting those adjudication results.

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>AMT01</b>	<b>522</b>	<b>Amount Qualifier Code</b> Code to qualify amount INDUSTRY: Amount Qualifier Code DY Per Day Limit	<b>M ID 1/3</b>
<b>Required</b>	<b>AMT02</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = DY.	<b>M R 1/18</b>
<b>Not Used</b>	<b>AMT03</b>	<b>478</b>	INDUSTRY: Other Payer Per Day Limit Amount <b>Credit/Debit Flag Code</b> Code indicating whether amount is a credit or debit	<b>O ID 1/1</b>

**Segment:** **AMT** Coordination of Benefits (COB) Patient Paid Amount

**Position:** 300

**Loop:** 2320 Optional

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To indicate the total monetary amount

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if claim has been adjudicated by the payer identified in this loop and if this information was included in the remittance advice reporting those adjudication results.

The amount carried in this segment is the total amount of money paid by the payer to the patient (rather than to the provider) on this claim.

## Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	AMT01	522	<b>Amount Qualifier Code</b> Code to qualify amount INDUSTRY: Amount Qualifier Code F5 Patient Amount Paid Monetary amount value already paid by one receiving medical care	<b>M ID 1/3</b>
Required	AMT02	782	<b>Monetary Amount</b> Monetary amount This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = F5.	<b>M R 1/18</b>
Not Used	AMT03	478	INDUSTRY: Other Payer Patient Paid Amount <b>Credit/Debit Flag Code</b> Code indicating whether amount is a credit or debit	<b>O ID 1/1</b>

**Segment:** **AMT** Coordination of Benefits (COB) Tax Amount

**Position:** 300

**Loop:** 2320 Optional

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To indicate the total monetary amount

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if claim has been adjudicated by the payer identified in this loop and if this information was included in the remittance advice reporting those adjudication results.

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>AMT01</b>	<b>522</b>	<b>Amount Qualifier Code</b> Code to qualify amount INDUSTRY: Amount Qualifier Code T Tax	<b>M ID 1/3</b>
<b>Required</b>	<b>AMT02</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = T.	<b>M R 1/18</b>
<b>Not Used</b>	<b>AMT03</b>	<b>478</b>	INDUSTRY: Other Payer Tax Amount <b>Credit/Debit Flag Code</b> Code indicating whether amount is a credit or debit	<b>O ID 1/1</b>



**Segment:** **AMT** Coordination of Benefits (COB) Total Claim Before Taxes Amount

**Position:** 300

**Loop:** 2320 Optional

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To indicate the total monetary amount

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if claim has been adjudicated by the payer identified in this loop and if this information was included in the remittance advice reporting those adjudication results.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	AMT01	522	<b>Amount Qualifier Code</b> Code to qualify amount INDUSTRY: Amount Qualifier Code T2 Total Claim Before Taxes The total monies requested for a single claim before any taxes were included	<b>M ID 1/3</b>
Required	AMT02	782	<b>Monetary Amount</b> Monetary amount This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = T2.	<b>M R 1/18</b>
Not Used	AMT03	478	INDUSTRY: Other Payer Pre-Tax Claim Total Amount <b>Credit/Debit Flag Code</b> Code indicating whether amount is a credit or debit	<b>O ID 1/1</b>

**Segment:** **DMG** **Subscriber Demographic Information**

**Position:** 305

**Loop:** 2320 Optional

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To supply demographic information

**Syntax Notes:** 1 If either DMG01 or DMG02 is present, then the other is required.

**Semantic Notes:** 1 DMG02 is the date of birth.  
2 DMG07 is the country of citizenship.  
3 DMG09 is the age in years.

**Comments:**

**Notes:** Required when 2330A NM102 = 1 (person).

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

#### Data Element Summary

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
Required	DMG01	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format INDUSTRY: Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD	<b>X ID 2/3</b>
Required	DMG02	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times ALIAS: Date of Birth - Subscriber  NSF Reference: DA0-24.0	<b>X AN 1/35</b>
Required	DMG03	1068	INDUSTRY: Other Insured Birth Date <b>Gender Code</b> Code indicating the sex of the individual ALIAS: Gender - Subscriber  NSF Reference: DA0-23.0  INDUSTRY: Other Insured Gender Code F Female M Male U Unknown	<b>O ID 1/1</b>
Not Used	DMG04	1067	<b>Marital Status Code</b> Code defining the marital status of a person	<b>O ID 1/1</b>
Not Used	DMG05	1109	<b>Race or Ethnicity Code</b> Code indicating the racial or ethnic background of a person; it is normally self-reported; Under certain circumstances this information is collected for United States Government statistical purposes	<b>O ID 1/1</b>
Not Used	DMG06	1066	<b>Citizenship Status Code</b> Code indicating citizenship status	<b>O ID 1/2</b>
Not Used	DMG07	26	<b>Country Code</b> Code identifying the country	<b>O ID 2/3</b>
Not Used	DMG08	659	<b>Basis of Verification Code</b> Code indicating the basis of verification	<b>O ID 1/2</b>
Not Used	DMG09	380	<b>Quantity</b> Numeric value of quantity	<b>O R 1/15</b>

<b>Segment:</b>	<b>OI Other Insurance Coverage Information</b>
<b>Position:</b>	310
<b>Loop:</b>	2320 Optional
<b>Level:</b>	Summary
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify information associated with other health insurance coverage
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	<b>1</b> OI03 is the assignment of benefits indicator. A "Y" value indicates insured or authorized person authorizes benefits to be assigned to the provider; an "N" value indicates benefits have not been assigned to the provider.
<b>Comments:</b>	
<b>Notes:</b>	All information contained in the OI segment applies only to the payer who is identified in the 2330B loop of this iteration of the 2320 loop. It is specific only to that payer.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Not Used</b>	<b>OI01</b>	<b>1032</b>	<b>Claim Filing Indicator Code</b> Code identifying type of claim	<b>O ID 1/2</b>
<b>Not Used</b>	<b>OI02</b>	<b>1383</b>	<b>Claim Submission Reason Code</b> Code identifying reason for claim submission	<b>O ID 2/2</b>
<b>Required</b>	<b>OI03</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response This is a crosswalk from CLM08 when doing COB.  ALIAS: Assignment of Benefits Indicator  NSF Reference: DA0-15.0  INDUSTRY: Benefits Assignment Certification Indicator N No Y Yes	<b>O ID 1/1</b>
<b>Situatio</b>	<b>OI04</b>	<b>1351</b>	<b>Patient Signature Source Code</b> Code indicating how the patient or subscriber authorization signatures were obtained and how they are being retained by the provider Required except in cases where "N" is used in OI06.  This is a crosswalk from CLM10 when doing COB.  ALIAS: Patient Signature Source Code  NSF Reference: DA0-16.0  INDUSTRY: Patient Signature Source Code B Signed signature authorization form or forms for both HCFA-1500 Claim Form block 12 and block 13 are on file C Signed HCFA-1500 Claim Form on file M Signed signature authorization form for HCFA-1500 Claim Form block 13 on file P Signature generated by provider because the patient was not physically present for services S Signed signature authorization form for HCFA-1500	<b>O ID 1/1</b>

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Claim Form block 12 on file

<b>Not Used</b>	<b>OI05</b>	<b>1360</b>	<b>Provider Agreement Code</b>	<b>O ID 1/1</b>
Code indicating the type of agreement under which the provider is submitting this claim				
<b>Required</b>	<b>OI06</b>	<b>1363</b>	<b>Release of Information Code</b>	<b>O ID 1/1</b>
Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations				
This is a crosswalk from CLM09 when doing COB.				

ALIAS: Release of Information Code

INDUSTRY: Release of Information Code

A	Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization
I	Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes
M	The Provider has Limited or Restricted Ability to Release Data Related to a Claim
N	No, Provider is Not Allowed to Release Data
O	On file at Payor or at Plan Sponsor
Y	Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim

**Segment:****MOA Medicare Outpatient Adjudication Information****Position:**

320

**Loop:**

2320 Optional

**Level:**

Summary

**Usage:**

Optional

**Max Use:**

1

**Purpose:**

To convey claim-level data related to the adjudication of Medicare claims not related to an inpatient setting

**Syntax Notes:****Semantic Notes:**

- 1 MOA01 is the reimbursement rate.
- 2 MOA02 is the claim Health Care Financing Administration Common Procedural Coding System (HCPCS) payable amount.
- 3 MOA03 is the Claim Payment Remark Code. See Code Source 411.
- 4 MOA04 is the Claim Payment Remark Code. See Code Source 411.
- 5 MOA05 is the Claim Payment Remark Code. See Code Source 411.
- 6 MOA06 is the Claim Payment Remark Code. See Code Source 411.
- 7 MOA07 is the Claim Payment Remark Code. See Code Source 411.
- 8 MOA08 is the End Stage Renal Disease (ESRD) payment amount.
- 9 MOA09 is the professional component amount billed but not payable.

**Comments:****Notes:**

Required if returned in the electronic remittance advice (835).

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Situatio</b>	<b>MOA01</b>	<b>954</b>	<b>Percent</b>	<b>O R 1/10</b>
			Percentage expressed as a decimal	
			Required if returned in the electronic remittance advice (835).	
			ALIAS: Outpatient Reimbursement Rate	
<b>Situatio</b>	<b>MOA02</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O R 1/18</b>
			INDUSTRY: Reimbursement Rate	
			Monetary amount	
			Required if returned in the electronic remittance advice (835).	
			ALIAS: HCPCS Payable Amount	
<b>Situatio</b>	<b>MOA03</b>	<b>127</b>	<b>Reference Identification</b>	<b>O AN 1/30</b>
			INDUSTRY: HCPCS Payable Amount	
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			Required if returned in the electronic remittance advice (835).	
			ALIAS: Remarks Code	
			NSF Reference: DA3-18.0, DA3-19.0, DA3-20.0, DA3-21.0, DA3-22.0	
<b>Situatio</b>	<b>MOA04</b>	<b>127</b>	<b>Reference Identification</b>	<b>O AN 1/30</b>
			INDUSTRY: Remark Code	
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			Required if returned in the electronic remittance advice (835).	
			ALIAS: Remarks Code	
			NSF Reference: DA3-18.0, DA3-19.0, DA3-20.0, DA3-21.0, DA3-22.0	

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<b>Situatio</b>	<b>MOA05</b>	<b>127</b>	INDUSTRY: Remark Code <b>Reference Identification</b> <b>O AN 1/30</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Required if returned in the electronic remittance advice (835).  ALIAS: Remarks Code  NSF Reference: DA3-18.0, DA3-19.0, DA3-20.0, DA3-21.0, DA3-22.0
<b>Situatio</b>	<b>MOA06</b>	<b>127</b>	INDUSTRY: Remark Code <b>Reference Identification</b> <b>O AN 1/30</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Required if returned in the electronic remittance advice (835).  ALIAS: Remarks Code  NSF Reference: DA3-18.0, DA3-19.0, DA3-20.0, DA3-21.0, DA3-22.0
<b>Situatio</b>	<b>MOA07</b>	<b>127</b>	INDUSTRY: Remark Code <b>Reference Identification</b> <b>O AN 1/30</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Required if returned in the electronic remittance advice (835).  ALIAS: Remarks Code  NSF Reference: DA3-18.0, DA3-19.0, DA3-20.0, DA3-21.0, DA3-22.0
<b>Situatio</b>	<b>MOA08</b>	<b>782</b>	INDUSTRY: Remark Code <b>Monetary Amount</b> <b>O R 1/18</b> Monetary amount Required if returned in the electronic remittance advice (835).  ALIAS: ESRD Paid Amount
<b>Situatio</b>	<b>MOA09</b>	<b>782</b>	INDUSTRY: End Stage Renal Disease Payment Amount <b>Monetary Amount</b> <b>O R 1/18</b> Monetary amount Required if returned in the electronic remittance advice (835).  ALIAS: Professional Component  INDUSTRY: Non-Payable Professional Component Billed Amount

<b>Segment:</b>	<b>NM1</b> Other Subscriber Name
<b>Position:</b>	325
<b>Loop:</b>	2330A Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	Submitters are required to send information on all known other subscribers in Loop ID-2330.

This 2330 loop is required when Loop ID-2320 - Other Subscriber Information is used. Otherwise, this loop is not used.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Data Element Summary				
	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>NM101</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code IL Insured or Subscriber	<b>M ID 2/3</b>
<b>Required</b>	<b>NM102</b>	<b>1065</b>	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person 2 Non-Person Entity	<b>M ID 1/1</b>
<b>Required</b>	<b>NM103</b>	<b>1035</b>	<b>Name Last or Organization Name</b> Individual last name or organizational name ALIAS: Subscriber Last Name  NSF Reference: DA0-19.0	<b>O AN 1/35</b>
<b>Situatio</b>	<b>NM104</b>	<b>1036</b>	INDUSTRY: Other Insured Last Name <b>Name First</b> Individual first name Required if NM102=1 (person).  ALIAS: Subscriber First Name  NSF Reference: DA0-20.0	<b>O AN 1/25</b>
<b>Situatio</b>	<b>NM105</b>	<b>1037</b>	INDUSTRY: Other Insured First Name <b>Name Middle</b> Individual middle name or initial Required if NM102=1 and the middle name/initial of the person is known.  ALIAS: Subscriber Middle Name  NSF Reference: DA0-21.0	<b>O AN 1/25</b>

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<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	INDUSTRY: Other Insured Middle Name <b>Name Prefix</b> Prefix to individual name	<b>O</b>	<b>AN 1/10</b>
<b>Situatio</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name Required if known.  Examples: I, II, III, IV, Jr, Sr  ALIAS: Subscriber Generation  NSF Reference: DA0-22.0	<b>O</b>	<b>AN 1/10</b>
<b>Required</b>	<b>NM108</b>	<b>66</b>	INDUSTRY: Other Insured Name Suffix <b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) INDUSTRY: Identification Code Qualifier MI Member Identification Number The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number. Therefore the 837 Professional Workgroup recommends using MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Health Insurance Claim Number (HIC), etc. ZZ Mutually Defined The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.	<b>X</b>	<b>ID 1/2</b>
<b>Required</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code ALIAS: Other Subscriber Primary Identifier  NSF Reference: DA0-18.0	<b>X</b>	<b>AN 2/80</b>
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	INDUSTRY: Other Insured Identifier <b>Entity Relationship Code</b> Code describing entity relationship	<b>X</b>	<b>ID 2/2</b>
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	<b>O</b>	<b>ID 2/3</b>



**Segment:** **N2 Additional Other Subscriber Name Information**

**Position:** 330

**Loop:** 2330A Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b>	<b>M AN 1/60</b>
			Free-form name	
			ALIAS: Subscriber Additional Name Information	
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b>	<b>O AN 1/60</b>
			INDUSTRY: Other Insured Additional Name	
			Free-form name	

**Segment:** **N3** Other Subscriber Address  
**Position:** 332  
**Loop:** 2330A Optional (Must Use)  
**Level:** Summary  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:** Required when information is available.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>N301</b>	<b>166</b>	<b>Address Information</b> Address information ALIAS: Subscriber Address 1  NSF Reference: DA2-04.0	<b>M AN 1/55</b>
<b>Situatio</b>	<b>N302</b>	<b>166</b>	<b>Address Information</b> Address information Required if a second address line exists.  ALIAS: Subscriber Address 2  NSF Reference: DA2-05.0  INDUSTRY: Other Insured Address Line	<b>O AN 1/55</b>

<b>Segment:</b>	<b>N4 Other Subscriber City/State/ZIP Code</b>
<b>Position:</b>	340
<b>Loop:</b>	2330A Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify the geographic place of the named party
<b>Syntax Notes:</b>	1 If N406 is present, then N405 is required.
<b>Semantic Notes:</b>	
<b>Comments:</b>	1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location. 2 N402 is required only if city name (N401) is in the U.S. or Canada.
<b>Notes:</b>	Required when information is available.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Situatio	N401	19	City Name Free-form text for city name Required when information is available.  ALIAS: Subscriber City Name  NSF Reference: DA2-06.0	O AN 2/30
Situatio	N402	156	INDUSTRY: Other Insured City Name State or Province Code Code (Standard State/Province) as defined by appropriate government agency Required when information is available.  ALIAS: Subscriber State Code  NSF Reference: DA2-07.0	O ID 2/2
Situatio	N403	116	INDUSTRY: Other Insured State Code Postal Code Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Required when information is available.  ALIAS: Subscriber Zip Code  NSF Reference: DA2-08.0	O ID 3/15
Situatio	N404	26	INDUSTRY: Other Insured Postal Zone or ZIP Code Country Code Code identifying the country Required if the address is out of the U.S.  ALIAS: Subscriber Country Code	O ID 2/3
Not Used	N405	309	INDUSTRY: Country Code Location Qualifier Code identifying type of location	X ID 1/2

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**Not Used**

**N406**

**310**

**Location Identifier**

Code which identifies a specific location

**O AN 1/30**

<b>Segment:</b>	<b>REF</b> Other Subscriber Secondary Identification
<b>Position:</b>	355
<b>Loop:</b>	2330A Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	3
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Required if additional identification numbers are necessary to adjudicate the claim/encounter.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 1W Member Identification Number Unique identification number assigned to each member under a subscriber's contract 23 Client Number This code is intended to be used only in claims submitted to the Indian Health Service/Contract Health Services (IHC/CHS) Fiscal Intermediary for the purpose of reporting the Health Record Number. IG Insurance Policy Number SY Social Security Number The social security number may not be used for Medicare.	<b>M ID 2/3</b>
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier ALIAS: Other Subscriber Secondary Identification	<b>X AN 1/30</b>
Not Used	REF03	352	INDUSTRY: Other Insured Additional Identifier <b>Description</b> A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
Not Used	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as	<b>X AN 1/30</b>

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<b>Not Used</b>	<b>C04005</b>	<b>128</b>	specified by the Reference Identification Qualifier <b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

<b>Segment:</b>	<b>NM1</b> Other Payer Name
<b>Position:</b>	325
<b>Loop:</b>	2330B Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	Submitters are required to send all known information on other payers in this Loop ID-2330.

This 2330 loop is required when Loop ID-2320 - Other Subscriber Information is used. Otherwise, this loop is not used.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Data Element Summary				
	Ref. Des.	Data Element	Name	Attributes
Required	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code PR Payer	M ID 2/3
Required	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 2 Non-Person Entity	M ID 1/1
Required	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name ALIAS: Payer Name  NSF Reference: DA0-09.0	O AN 1/35
Not Used	NM104	1036	INDUSTRY: Other Payer Last or Organization Name <b>Name First</b> Individual first name	O AN 1/25
Not Used	NM105	1037	<b>Name Middle</b> Individual middle name or initial	O AN 1/25
Not Used	NM106	1038	<b>Name Prefix</b> Prefix to individual name	O AN 1/10
Not Used	NM107	1039	<b>Name Suffix</b> Suffix to individual name	O AN 1/10
Required	NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) INDUSTRY: Identification Code Qualifier PI Payor Identification XV Health Care Financing Administration National Payer Identification Number (PAYERID)	X ID 1/2
Required	NM109	67	<b>Identification Code</b>	X AN 2/80

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Code identifying a party or other code

This number must be identical to SVD01 (Loop ID-2430) for COB.

ALIAS: Other Payer Primary Identification Number

NSF Reference: DA0-07.0

<b>Not Used</b>	<b>NM110</b>	<b>706</b>	INDUSTRY: Other Payer Primary Identifier <b>Entity Relationship Code</b>	<b>X</b>	<b>ID 2/2</b>
			Code describing entity relationship		
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O</b>	<b>ID 2/3</b>
			Code identifying an organizational entity, a physical location, property or an individual		



**Segment:** **N2 Additional Other Payer Name Information**  
**Position:** 330  
**Loop:** 2330B Optional (Must Use)  
**Level:** Summary  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify additional names or those longer than 35 characters in length  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b> Free-form name ALIAS: Payer Additional Name Information	<b>M AN 1/60</b>
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b> INDUSTRY: Other Payer Additional Name Text Free-form name	<b>O AN 1/60</b>

**Segment:****PER Other Payer Contact Information****Position:**

345

**Loop:**

2330B Optional (Must Use)

**Level:**

Summary

**Usage:**

Optional

**Max Use:**

2

**Purpose:**

To identify a person or office to whom administrative communications should be directed

**Syntax Notes:**

- 1 If either PER03 or PER04 is present, then the other is required.
- 2 If either PER05 or PER06 is present, then the other is required.
- 3 If either PER07 or PER08 is present, then the other is required.

**Semantic Notes:****Comments:****Notes:**

This segment is used only in payer-to-payer COB situations. This segment may be completed by a payer who has adjudicated the claim and is passing it on to a secondary payer. It is not completed by submitting providers.

When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g., (534) 224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.

There are 2 repetitions of the PER segment to allow for six possible combination of communication numbers including extensions.

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>PER01</b>	<b>366</b>	<b>Contact Function Code</b>	<b>M ID 2/2</b>
			Code identifying the major duty or responsibility of the person or group named INDUSTRY: Contact Function Code	
			IC Information Contact	
<b>Required</b>	<b>PER02</b>	<b>93</b>	<b>Name</b>	<b>O AN 1/60</b>
			Free-form name INDUSTRY: Other Payer Contact Name	
<b>Required</b>	<b>PER03</b>	<b>365</b>	<b>Communication Number Qualifier</b>	<b>X ID 2/2</b>
			Code identifying the type of communication number INDUSTRY: Communication Number Qualifier	
			ED Electronic Data Interchange Access Number	
			EM Electronic Mail	
			FX Facsimile	
			TE Telephone	
<b>Required</b>	<b>PER04</b>	<b>364</b>	<b>Communication Number</b>	<b>X AN 1/80</b>
			Complete communications number including country or area code when applicable INDUSTRY: Communication Number	
<b>Situatio</b>	<b>PER05</b>	<b>365</b>	<b>Communication Number Qualifier</b>	<b>X ID 2/2</b>
			Code identifying the type of communication number Used at the discretion of the submitter.	
			INDUSTRY: Communication Number Qualifier	
			ED Electronic Data Interchange Access Number	
			EM Electronic Mail	

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			EX	Telephone Extension		
			FX	Facsimile		
			TE	Telephone		
<b>Situatio</b>	<b>PER06</b>	<b>364</b>	<b>Communication Number</b>		<b>X</b>	<b>AN 1/80</b>
			Complete communications number including country or area code when applicable			
			Used at the discretion of the submitter.			
<b>Situatio</b>	<b>PER07</b>	<b>365</b>	<b>Communication Number Qualifier</b>		<b>X</b>	<b>ID 2/2</b>
			INDUSTRY: Communication Number			
			Code identifying the type of communication number			
			Used at the discretion of the submitter.			
			INDUSTRY: Communication Number Qualifier			
			ED	Electronic Data Interchange Access Number		
			EM	Electronic Mail		
			EX	Telephone Extension		
			FX	Facsimile		
			TE	Telephone		
<b>Situatio</b>	<b>PER08</b>	<b>364</b>	<b>Communication Number</b>		<b>X</b>	<b>AN 1/80</b>
			Complete communications number including country or area code when applicable			
			Used at the discretion of the submitter.			
<b>Not Used</b>	<b>PER09</b>	<b>443</b>	<b>Contact Inquiry Reference</b>		<b>O</b>	<b>AN 1/20</b>
			INDUSTRY: Communication Number			
			Additional reference number or description to clarify a contact number			

<b>Segment:</b>	<b>DTP</b> Claim Adjudication Date
<b>Position:</b>	350
<b>Loop:</b>	2330B Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify any or all of a date, a time, or a time period
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	<b>1</b> DTP02 is the date or time or period format that will appear in DTP03.
<b>Comments:</b>	
<b>Notes:</b>	This segment is required when the payer identified in this iteration of the 2330 loop has previously adjudicated the claim and Loop-ID 2430 (Line Adjudication Information) is not used.

Data Element Summary				
	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			573 Date Claim Paid	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: DA1-27.0	
			INDUSTRY: Adjudication or Payment Date	

<b>Segment:</b>	<b>REF</b>	<b>Other Payer Secondary Identifier</b>
<b>Position:</b>	355	
<b>Loop:</b>	2330B	Optional (Must Use)
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	2	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	<p>Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.</p> <p>Used when it is necessary to identify the 'other' payer's claim number in a payer-to-payer COB situation (use code F8). Code F8 is not used by providers.</p> <p>There can only be a maximum of three REF segments in any one iteration of the 2330 loop.</p> <p>See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.</p>	

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			INDUSTRY: Reference Identification Qualifier	
			2U Payer Identification Number	
			F8 Original Reference Number	
			Use to indicate the payer's claim number for this claim for the payer identified in this iteration of the 2330B loop.	
			FY Claim Office Number	
			The identification of the specific payer's location designated as responsible for the submitted claim	
			NF National Association of Insurance Commissioners (NAIC) Code	
			A unique number assigned to each insurance company	
			TJ Federal Taxpayer's Identification Number	
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			The DA3-29.0 crosswalk is only used in payer-to-payer COB situations.	
			NSF Reference: DA3-29.0	
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X AN 1/80</b>
			INDUSTRY: Other Payer Secondary Identifier	
			A free-form description to clarify the related data elements and their content	
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b>	<b>O</b>
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	

DRAFT

<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M</b>	<b>AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X</b>	<b>ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X</b>	<b>AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X</b>	<b>ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X</b>	<b>AN 1/30</b>

<b>Segment:</b>	<b>REF</b>	<b>Other Payer Prior Authorization or Referral Number</b>
<b>Position:</b>	355	
<b>Loop:</b>	2330B	Optional (Must Use)
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	2	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Used when the payer identified in this loop has given a prior authorization or referral number to this claim. This element is primarily used in payer-to-payer COB situations.  There can only be a maximum of three REF segments in any one iteration of the 2330 loop.  See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.	

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 9F Referral Number G1 Prior Authorization Number An authorization number acquired prior to the submission of a claim	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Other Payer Prior Authorization or Referral Number	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>

<b>Segment:</b>	<b>REF</b> Other Payer Claim Adjustment Indicator
<b>Position:</b>	355
<b>Loop:</b>	2330B Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	2
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	1 REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Used only in payer-to-payer COB. In that situation, the destination payer is secondary to the payer identified in this loop. Providers/other submitters do not use this segment.

Required when the payer identified in this loop has previously paid this claim and has indicated so to the destination payer. In this case the payer identified in this loop has readjudicated the claim and is sending the adjusted payment information to the destination payer. This REF segment is used to indicate that this claim is an adjustment of a previously adjudicated claim. If the claim has not been previously adjudicated this REF is not used.

There can only be a maximum of three REF segments in any one iteration of the 2330 loop.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier T4 Signal Code Defense Fuel Supply Center to bill back fuel purchases to the appropriate service or agency account fund	M ID 2/3
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Allowable values are "Y" indicating that the payer in this loop has previously adjudicated this claim and sent a record of that adjudication to the destination payer identified in the 2010BB loop. The claim being transmitted in this iteration of the 2300 loop is a re-adjudicated version of that claim.  NSF Reference: DA3-24.0	X AN 1/30
Not Used	REF03	352	INDUSTRY: Other Payer Claim Adjustment Indicator <b>Description</b> A free-form description to clarify the related data elements and their content	X AN 1/80
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M ID 2/3
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3



DRAFT

<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

<b>Segment:</b>	<b>NM1</b>	<b>Other Payer Patient Information</b>
<b>Position:</b>	325	
<b>Loop:</b>	2330C	Optional
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To supply the full name of an individual or organizational entity	
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.	
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.	
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.	
<b>Notes:</b>	Required when it is necessary, in COB situations, to send one or more payer-specific patient identification numbers. The patient identification number(s) carried in this iteration of the 2330 loop are those patient ID's which belong to non-destination (COB) payers. The patient ID(s) for the destination payer are carried in the 2010CA loop NM1 and REF segments. See Section 1.4.5 Crosswalking COB Data Elements for more information on handling non-destination payer patient identifiers and other COB elements.	

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>NM101</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code QC Patient Individual receiving medical care	<b>M ID 2/3</b>
<b>Required</b>	<b>NM102</b>	<b>1065</b>	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person	<b>M ID 1/1</b>
<b>Required</b>	<b>NM103</b>	<b>1035</b>	<b>Name Last or Organization Name</b> Individual last name or organizational name ALIAS: Patient Last Name INDUSTRY: Patient Last Name	<b>O AN 1/35</b>
<b>Not Used</b>	<b>NM104</b>	<b>1036</b>	<b>Name First</b> Individual first name	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM105</b>	<b>1037</b>	<b>Name Middle</b> Individual middle name or initial	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	<b>Name Prefix</b> Prefix to individual name	<b>O AN 1/10</b>
<b>Not Used</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name	<b>O AN 1/10</b>
<b>Required</b>	<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) INDUSTRY: Identification Code Qualifier MI Member Identification Number The code MI is intended to be the subscriber's	<b>X ID 1/2</b>

identification number as assigned by the payer. Payers use different terminology to convey the same number. Therefore the 837 Professional Workgroup recommends using MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Health Insurance Claim Number (HIC), etc.

<b>Required</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b>	<b>X</b>	<b>AN 2/80</b>
			Code identifying a party or other code		
			ALIAS: Patient's Other Payer Primary Identification Number		
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	INDUSTRY: Other Payer Patient Primary Identifier <b>Entity Relationship Code</b>	<b>X</b>	<b>ID 2/2</b>
			Code describing entity relationship		
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O</b>	<b>ID 2/3</b>
			Code identifying an organizational entity, a physical location, property or an individual		

<b>Segment:</b>	<b>REF</b>	<b>Other Payer Patient Identification</b>
<b>Position:</b>	355	
<b>Loop:</b>	2330C	Optional
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	3	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Used when a COB payer (listed in 2330B loop) has one or more proprietary patient identification numbers for this claim. The patient (name, DOB, etc) is identified in the 2010BA or 2010CA loop.	

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

<b>Data Element Summary</b>				
	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 1W Member Identification Number Unique identification number assigned to each member under a subscriber's contract If NM108 = M1 do not use this code. 23 Client Number This code is intended to be used only in claims submitted to the Indian Health Service/Contract Health Services (IHC/CHS) Fiscal Intermediary for the purpose of reporting the Health Record Number. IG Insurance Policy Number SY Social Security Number Do not use for Medicare.	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier ALIAS: Patient's Other Payer Secondary Identifier INDUSTRY: Other Payer Patient Secondary Identifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>

DRAFT

			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
Not Used	C04005	128	Reference Identification Qualifier	X ID 2/3
			Code qualifying the Reference Identification	
Not Used	C04006	127	Reference Identification	X AN 1/30
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	

<b>Segment:</b>	<b>NM1</b> Other Payer Referring Provider
<b>Position:</b>	325
<b>Loop:</b>	2330D Optional
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>NM101</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code DN Referring Provider Use on first iteration of this loop. Use if loop is used only once. P3 Primary Care Provider Physician that is selected by the insured to provide medical care Use only if loop is used twice. Use only on second iteration of this loop.	<b>M ID 2/3</b>
<b>Required</b>	<b>NM102</b>	<b>1065</b>	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person 2 Non-Person Entity	<b>M ID 1/1</b>
<b>Required</b>	<b>NM103</b>	<b>1035</b>	<b>Name Last or Organization Name</b> Individual last name or organizational name ALIAS: Referring Provider Last Name INDUSTRY: Referring Provider Last Name	<b>O AN 1/35</b>
<b>Not Used</b>	<b>NM104</b>	<b>1036</b>	<b>Name First</b> Individual first name	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM105</b>	<b>1037</b>	<b>Name Middle</b> Individual middle name or initial	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	<b>Name Prefix</b> Prefix to individual name	<b>O AN 1/10</b>
<b>Not Used</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name	<b>O AN 1/10</b>
<b>Not Used</b>	<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b>	<b>X ID 1/2</b>

DRAFT

			Code designating the system/method of code structure used for Identification Code (67)		
Not Used	NM109	67	Identification Code	X	AN 2/80
			Code identifying a party or other code		
Not Used	NM110	706	Entity Relationship Code	X	ID 2/2
			Code describing entity relationship		
Not Used	NM111	98	Entity Identifier Code	O	ID 2/3
			Code identifying an organizational entity, a physical location, property or an individual		

<b>Segment:</b>	<b>REF</b> Other Payer Referring Provider Identification
<b>Position:</b>	355
<b>Loop:</b>	2330D Optional
<b>Level:</b>	Summary
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	3
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	1 REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Non-destination (COB) payers' provider identification number(s).

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 1B Blue Shield Provider Number 1C Medicare Provider Number 1D Medicaid Provider Number EI Employer's Identification Number G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer LU Location Number N5 Provider Plan Network Identification Number A number assigned to identify a specific provider in a health care plan network	M ID 2/3
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier ALIAS: Other Payer Referring Provider Identification	X AN 1/30
Not Used	REF03	352	<b>Description</b> INDUSTRY: Other Payer Referring Provider Identifier A free-form description to clarify the related data elements and their content	X AN 1/80
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M ID 2/3
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30



DRAFT

<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X</b>	<b>ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X</b>	<b>AN 1/30</b>

<b>Segment:</b>	<b>NM1 Other Payer Rendering Provider</b>
<b>Position:</b>	325
<b>Loop:</b>	2330E Optional
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>NM101</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code 82 Rendering Provider	<b>M ID 2/3</b>
<b>Required</b>	<b>NM102</b>	<b>1065</b>	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person 2 Non-Person Entity	<b>M ID 1/1</b>
<b>Required</b>	<b>NM103</b>	<b>1035</b>	<b>Name Last or Organization Name</b> Individual last name or organizational name INDUSTRY: Rendering Provider Last or Organization Name	<b>O AN 1/35</b>
<b>Not Used</b>	<b>NM104</b>	<b>1036</b>	<b>Name First</b> Individual first name	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM105</b>	<b>1037</b>	<b>Name Middle</b> Individual middle name or initial	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	<b>Name Prefix</b> Prefix to individual name	<b>O AN 1/10</b>
<b>Not Used</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name	<b>O AN 1/10</b>
<b>Not Used</b>	<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67)	<b>X ID 1/2</b>
<b>Not Used</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code	<b>X AN 2/80</b>
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	<b>Entity Relationship Code</b> Code describing entity relationship	<b>X ID 2/2</b>
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an	<b>O ID 2/3</b>

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individual

<b>Segment:</b>	<b>REF</b> Other Payer Rendering Provider Secondary Identification
<b>Position:</b>	355
<b>Loop:</b>	2330E Optional
<b>Level:</b>	Summary
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	3
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	1 REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Non-destination (COB) payers' provider identification number(s).

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 1B Blue Shield Provider Number 1C Medicare Provider Number 1D Medicaid Provider Number EI Employer's Identification Number G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer LU Location Number N5 Provider Plan Network Identification Number A number assigned to identify a specific provider in a health care plan network	<b>M ID 2/3</b>
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Other Payer Rendering Provider Secondary Identification	<b>X AN 1/30</b>
Not Used	REF03	352	<b>Description</b> INDUSTRY: Other Payer Rendering Provider Secondary Identifier A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
Not Used	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>

DRAFT

<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X</b>	<b>ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X</b>	<b>AN 1/30</b>

<b>Segment:</b>	<b>NM1 Other Payer Purchased Service Provider</b>
<b>Position:</b>	325
<b>Loop:</b>	2330F Optional
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>NM101</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code QB Purchase Service Provider Entity from which medical supplies may be bought	<b>M ID 2/3</b>
<b>Required</b>	<b>NM102</b>	<b>1065</b>	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person 2 Non-Person Entity	<b>M ID 1/1</b>
<b>Required</b>	<b>NM103</b>	<b>1035</b>	<b>Name Last or Organization Name</b> Individual last name or organizational name ALIAS: Purchased Service Provider Name INDUSTRY: Purchased Service Provider Name	<b>O AN 1/35</b>
<b>Not Used</b>	<b>NM104</b>	<b>1036</b>	<b>Name First</b> Individual first name	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM105</b>	<b>1037</b>	<b>Name Middle</b> Individual middle name or initial	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	<b>Name Prefix</b> Prefix to individual name	<b>O AN 1/10</b>
<b>Not Used</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name	<b>O AN 1/10</b>
<b>Not Used</b>	<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67)	<b>X ID 1/2</b>
<b>Not Used</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code	<b>X AN 2/80</b>
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	<b>Entity Relationship Code</b> Code describing entity relationship	<b>X ID 2/2</b>

Code identifying an organizational entity, a physical location, property or an individual

<b>Segment:</b>	<b>REF</b> Other Payer Purchased Service Provider Identification
<b>Position:</b>	355
<b>Loop:</b>	2330F Optional
<b>Level:</b>	Summary
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	3
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	1 REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Non-destination (COB) payers' provider identification number(s).

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 1A Blue Cross Provider Number 1B Blue Shield Provider Number 1C Medicare Provider Number 1D Medicaid Provider Number EI Employer's Identification Number G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer LU Location Number N5 Provider Plan Network Identification Number A number assigned to identify a specific provider in a health care plan network	<b>M ID 2/3</b>
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Other Payer Purchased Service Provider Identification	<b>X AN 1/30</b>
Not Used	REF03	352	INDUSTRY: Other Payer Purchased Service Provider Identifier <b>Description</b> A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
Not Used	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as	<b>X AN 1/30</b>



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<b>Not Used</b>	<b>C04005</b>	<b>128</b>	specified by the Reference Identification Qualifier <b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

<b>Segment:</b>	<b>NM1 Other Payer Service Facility Location</b>
<b>Position:</b>	325
<b>Loop:</b>	2330G Optional
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>NM101</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>M ID 2/3</b>
			Code identifying an organizational entity, a physical location, property or an individual	
			INDUSTRY: Entity Identifier Code	
			77 Service Location	
			Use when other codes in this element do not apply.	
			FA Facility	
			LI Independent Lab	
			Outside laboratory which provides test results for entity providing medical services	
			TL Testing Laboratory	
<b>Required</b>	<b>NM102</b>	<b>1065</b>	<b>Entity Type Qualifier</b>	<b>M ID 1/1</b>
			Code qualifying the type of entity	
			INDUSTRY: Entity Type Qualifier	
			2 Non-Person Entity	
<b>Required</b>	<b>NM103</b>	<b>1035</b>	<b>Name Last or Organization Name</b>	<b>O AN 1/35</b>
			Individual last name or organizational name	
			ALIAS: Service Facility Name	
			INDUSTRY: Service Facility Name	
<b>Not Used</b>	<b>NM104</b>	<b>1036</b>	<b>Name First</b>	<b>O AN 1/25</b>
			Individual first name	
<b>Not Used</b>	<b>NM105</b>	<b>1037</b>	<b>Name Middle</b>	<b>O AN 1/25</b>
			Individual middle name or initial	
<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	<b>Name Prefix</b>	<b>O AN 1/10</b>
			Prefix to individual name	
<b>Not Used</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b>	<b>O AN 1/10</b>
			Suffix to individual name	
<b>Not Used</b>	<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b>	<b>X ID 1/2</b>
			Code designating the system/method of code structure used for Identification Code (67)	

DRAFT

<b>Not Used</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code	<b>X</b>	<b>AN 2/80</b>
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	<b>Entity Relationship Code</b> Code describing entity relationship	<b>X</b>	<b>ID 2/2</b>
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	<b>O</b>	<b>ID 2/3</b>

<b>Segment:</b>	<b>REF</b> Other Payer Service Facility Location Identification
<b>Position:</b>	355
<b>Loop:</b>	2330G Optional
<b>Level:</b>	Summary
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	3
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	1 REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Non-destination (COB) payers' provider identification number(s).

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 1A Blue Cross Provider Number 1B Blue Shield Provider Number 1C Medicare Provider Number 1D Medicaid Provider Number G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer LU Location Number N5 Provider Plan Network Identification Number A number assigned to identify a specific provider in a health care plan network	<b>M ID 2/3</b>
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier ALIAS: Other Payer Service Facility Location Identification	<b>X AN 1/30</b>
Not Used	REF03	352	INDUSTRY: Other Payer Service Facility Location Identifier <b>Description</b> A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
Not Used	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>

DRAFT

<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X</b>	<b>ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X</b>	<b>AN 1/30</b>

<b>Segment:</b>	<b>NM1 Other Payer Supervising Provider</b>
<b>Position:</b>	325
<b>Loop:</b>	2330H Optional
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM 101.
<b>Notes:</b>	Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>NM101</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code DQ Supervising Physician	<b>M ID 2/3</b>
<b>Required</b>	<b>NM102</b>	<b>1065</b>	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person	<b>M ID 1/1</b>
<b>Required</b>	<b>NM103</b>	<b>1035</b>	<b>Name Last or Organization Name</b> Individual last name or organizational name ALIAS: Supervising Provider Last Name INDUSTRY: Supervising Provider Last Name	<b>O AN 1/35</b>
<b>Not Used</b>	<b>NM104</b>	<b>1036</b>	<b>Name First</b> Individual first name	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM105</b>	<b>1037</b>	<b>Name Middle</b> Individual middle name or initial	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	<b>Name Prefix</b> Prefix to individual name	<b>O AN 1/10</b>
<b>Not Used</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name	<b>O AN 1/10</b>
<b>Not Used</b>	<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67)	<b>X ID 1/2</b>
<b>Not Used</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code	<b>X AN 2/80</b>
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	<b>Entity Relationship Code</b> Code describing entity relationship	<b>X ID 2/2</b>
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an	<b>O ID 2/3</b>

DRAFT

individual

<b>Segment:</b>	<b>REF</b> Other Payer Supervising Provider Identification
<b>Position:</b>	355
<b>Loop:</b>	2330H Optional
<b>Level:</b>	Summary
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	3
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	1 REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Non-destination (COB) payers' provider identification number(s).

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 1B Blue Shield Provider Number 1C Medicare Provider Number 1D Medicaid Provider Number EI Employer's Identification Number G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer N5 Provider Plan Network Identification Number A number assigned to identify a specific provider in a health care plan network	M ID 2/3
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier ALIAS: Other Payer Supervising Provider Identification	X AN 1/30
Not Used	REF03	352	<b>Description</b> INDUSTRY: Other Payer Supervising Provider Identifier A free-form description to clarify the related data elements and their content	X AN 1/80
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M ID 2/3
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30
Not Used	C04005	128	<b>Reference Identification Qualifier</b>	X ID 2/3



DRAFT

<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Code qualifying the Reference Identification</b>	
			<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	

<b>Segment:</b>	<b>LX</b> Service Line
<b>Position:</b>	365
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	1
<b>Purpose:</b>	To reference a line number in a transaction set
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	
<b>Comments:</b>	
<b>Notes:</b>	<p>The Service Line LX segment begins with 1 and is incremented by one for each additional service line of a claim. The LX functions as a line counter.</p> <p>The datum in the LX is not usually returned in the 835 (Remittance Advice) transaction. LX01 may be used as a line item control number by the payer in the 835 if a line item control number has not been submitted on the service line. See that REF for more information.</p> <p>LX01 is used to indicate bundling/unbundling in SVC06. See Section 1.4.3 for more information on bundling and unbundling.</p> <p>Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 syntax rules.</p>

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>		
	<b>Des.</b>	<b>Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>LX01</b>	<b>554</b>	<b>Assigned Number</b>	<b>M N0 1/6</b>
			Number assigned for differentiation within a transaction set	
			The service line number incremented by 1 for each service line.	
			ALIAS: Line Counter	
			NSF Reference: FA0-02.0, FB0-02.0, FB1-02.0, GA0-02.0, GC0-02.0, GX0-02.0, GX2-02.0, HA0-02.0, FB2-02.0, GU0-02.0	
			INDUSTRY: Assigned Number	

<b>Segment:</b>	<b>SV1 Professional Service</b>
<b>Position:</b>	370
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify the claim service detail for a Health Care professional
<b>Syntax Notes:</b>	<b>1</b> If either SV103 or SV104 is present, then the other is required.
<b>Semantic Notes:</b>	<b>1</b> SV102 is the submitted charge amount. <b>2</b> SV105 is the place of service. <b>3</b> SV108 is the independent lab charges. <b>4</b> SV109 is the emergency-related indicator; a "Y" value indicates service provided was emergency related; an "N" value indicates service provided was not emergency related. <b>5</b> SV111 is early and periodic screen for diagnosis and treatment of children (EPSDT) involvement; a "Y" value indicates EPSDT involvement; an "N" value indicates no EPSDT involvement. <b>6</b> SV112 is the family planning involvement indicator. A "Y" value indicates family planning services involvement; an "N" value indicates no family planning services involvement. <b>7</b> SV117 is the health care manpower shortage area (HMSA) facility identification. <b>8</b> SV118 is the health care manpower shortage area (HMSA) zip code. <b>9</b> SV119 is a noncovered charge amount.
<b>Comments:</b>	<b>1</b> If SV113 is equal to "L" or "N", then SV114 is required.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>SV101</b>	<b>C003</b>	<b>Composite Medical Procedure Identifier</b>	<b>M</b>
			To identify a medical procedure by its standardized codes and applicable modifiers	
			ALIAS: Procedure identifier	
<b>Required</b>	<b>C00301</b>	<b>235</b>	<b>Product/Service ID Qualifier</b>	<b>M ID 2/2</b>
			Code identifying the type/source of the descriptive number used in Product/Service ID (234)	
			INDUSTRY: Product or Service ID Qualifier	
		HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes	
			HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under Medicare; primarily used for ambulatory surgical and other diagnostic departments	
			Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.	
		IV	Home Infusion EDI Coalition (HIEC) Product/Service Code	
		N1	National Drug Code in 4-4-2 Format	
			4-digit manufacturer ID, 4-digit product ID, 2-digit trade package size	
		N2	National Drug Code in 5-3-2 Format	
			5-digit manufacturer ID, 3-digit product ID, 2-digit trade package size	
		N3	National Drug Code in 5-4-1 Format	
			5-digit manufacturer ID, 4-digit product ID, 1-digit trade package size	
		N4	National Drug Code in 5-4-2 Format	
			5-digit manufacturer ID, 4-digit product ID, 2-digit trade	

			ZZ	package size Mutually Defined Jurisdictionally Defined Procedure and Supply Codes. (Used for Worker's Compensation claims). Contact your local (State) Jurisdiction for a list of these codes.	
<b>Required</b>	<b>C00302</b>	<b>234</b>	<b>Product/Service ID</b>	Identifying number for a product or service NSF Reference: FA0-09.0, FB0-15.0, GU0-07.0	<b>M AN 1/48</b>
<b>Situatio</b>	<b>C00303</b>	<b>1339</b>	<b>Procedure Modifier</b>	INDUSTRY: Procedure Code This identifies special circumstances related to the performance of the service, as defined by trading partners Use this modifier for the first procedure code modifier.  Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.  ALIAS: Procedure Modifier 1  NSF Reference: FA0-10.0, GU0-08.0	<b>O AN 2/2</b>
<b>Situatio</b>	<b>C00304</b>	<b>1339</b>	<b>Procedure Modifier</b>	INDUSTRY: Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners Use this modifier for the second procedure code modifier.  Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.  ALIAS: Procedure Modifier 2  NSF Reference: FA0-11.0	<b>O AN 2/2</b>
<b>Situatio</b>	<b>C00305</b>	<b>1339</b>	<b>Procedure Modifier</b>	INDUSTRY: Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners Use this modifier for the third procedure code modifier.  Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.  ALIAS: Procedure Modifier 3  NSF Reference: FA0-12.0	<b>O AN 2/2</b>
<b>Situatio</b>	<b>C00306</b>	<b>1339</b>	<b>Procedure Modifier</b>	INDUSTRY: Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners Use this modifier for the fourth procedure code modifier.  Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.  ALIAS: Procedure Modifier 4	<b>O AN 2/2</b>

NSF Reference: FA0-36.0

**Not Used**    **C00307**    **352**    **INDUSTRY: Procedure Modifier**  
**Description**    **O**    **AN 1/80**

A free-form description to clarify the related data elements and their content

**Required**    **SV102**    **782**    **Monetary Amount**    **O**    **R 1/18**

Monetary amount

For encounter transmissions, zero (0) may be a valid amount.

ALIAS: Submitted charge amount

NSF Reference: FA0-13.0

**Required**    **SV103**    **355**    **INDUSTRY: Line Item Charge Amount**  
**Unit or Basis for Measurement Code**    **X**    **ID 2/2**

Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken

FA0-50.0 is only used in Medicare COB payer-to-payer situations.

NSF Reference: FA0-50.0

INDUSTRY: Unit or Basis for Measurement Code

F2    International Unit

A unit accepted by an international agency; potency of a drug/vitamin based on a specific weight of that drug/vitamin

International Unit is used to indicate dosage amount.

Dosage amount is only used for drug claims when the dosage of the drug is variable within a single NDC number (e.g., blood factors).

MJ    Minutes

UN    Unit

**Required**    **SV104**    **380**    **Quantity**    **X**    **R 1/15**

Numeric value of quantity

Note: If a decimal is needed to report units, include it in this element, e.g., "15.6".

ALIAS: Units or Minutes

NSF Reference: FA0-18.0, FA0-19.0, FB0-16.0

**Situatio**    **SV105**    **1331**    **INDUSTRY: Service Unit Count**  
**Facility Code Value**    **O**    **AN 1/2**

Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format

Required if value is different than value carried in CLM05-1 in Loop ID-2300.

Use this element for codes identifying a place of service from code source 237. As a courtesy, the codes are listed below, however, the code list is thought to be complete at the time of publication of this implementation guideline. Since this list is subject to change, only codes contained in the document available from code source 237 are to be supported in this transaction and take precedence over any and all codes listed here.

- 11    Office
- 12    Home
- 21    Inpatient Hospital
- 22    Outpatient Hospital

- 23 Emergency Room - Hospital
- 24 Ambulatory Surgical Center
- 25 Birthing Center
- 26 Military Treatment Facility
- 31 Skilled Nursing Facility
- 32 Nursing Facility
- 33 Custodial Care Facility
- 34 Hospice
- 41 Ambulance - Land
- 42 Ambulance - Air or Water
- 50 Federally Qualified Health Center
- 51 Inpatient Psychiatric Facility
- 52 Psychiatric Facility Partial Hospitalization
- 53 Community Mental Health Center
- 54 Intermediate Care Facility/Mentally Retarded
- 55 Residential Substance Abuse Treatment Facility
- 56 Psychiatric Residential Treatment Center
- 60 Mass Immunization Center
- 61 Comprehensive Inpatient Rehabilitation Facility
- 62 Comprehensive Outpatient Rehabilitation Facility
- 65 End Stage Renal Disease Treatment Facility
- 71 State or Local Public Health Clinic
- 72 Rural Health Clinic
- 81 Independent Laboratory
- 99 Other Unlisted Facility

ALIAS: Place of Service Code

NSF Reference: FA0-07.0, GU0-05.0

<b>Not Used</b>	<b>SV106</b>	<b>1365</b>	INDUSTRY: Place of Service Code <b>Service Type Code</b>	<b>O</b>	<b>ID 1/2</b>
			Code identifying the classification of service		
<b>Situatio</b>	<b>SV107</b>	<b>C004</b>	<b>Composite Diagnosis Code Pointer</b>	<b>O</b>	
			To identify one or more diagnosis code pointers		
			Required if HI segment in Loop ID-2300 is used.		
<b>Required</b>	<b>C00401</b>	<b>1328</b>	ALIAS: Diagnosis Code Pointer <b>Diagnosis Code Pointer</b>	<b>M</b>	<b>N0 1/2</b>
			A pointer to the claim diagnosis code in the order of importance to this service		
			Use this pointer for the first diagnosis code pointer (primary diagnosis for this service line). Use remaining diagnosis pointers in declining level of importance to service line. Acceptable values are 1 through 8, inclusive.		
			NSF Reference: FA0-14.0		
<b>Situatio</b>	<b>C00402</b>	<b>1328</b>	INDUSTRY: Diagnosis Code Pointer <b>Diagnosis Code Pointer</b>	<b>O</b>	<b>N0 1/2</b>
			A pointer to the claim diagnosis code in the order of importance to this service		
			Use this pointer for the second diagnosis code pointer.		
			Required if the service relates to that specific diagnosis and is needed to substantiate the medical treatment. Acceptable values are 1 through 8, inclusive.		
			NSF Reference: FA0-15.0		
<b>Situatio</b>	<b>C00403</b>	<b>1328</b>	INDUSTRY: Diagnosis Code Pointer <b>Diagnosis Code Pointer</b>	<b>O</b>	<b>N0 1/2</b>
P837V401 (004010X098)			590		August 8, 2001

A pointer to the claim diagnosis code in the order of importance to this service  
Use this pointer for the third diagnosis code pointer.

Required if the service relates to that specific diagnosis and is needed to substantiate the medical treatment. Acceptable values are 1 through 8, inclusive.

NSF Reference: FA0-16.0

<b>Situatio</b>	<b>C00404</b>	<b>1328</b>	INDUSTRY: Diagnosis Code Pointer <b>Diagnosis Code Pointer</b>	<b>O N0 1/2</b>
			A pointer to the claim diagnosis code in the order of importance to this service Use this pointer for the fourth diagnosis code pointer.	
			Required if the service relates to that specific diagnosis and is needed to substantiate the medical treatment. Acceptable values are 1 through 8, inclusive.	

NSF Reference: FA0-17.0

<b>Not Used</b>	<b>SV108</b>	<b>782</b>	INDUSTRY: Diagnosis Code Pointer <b>Monetary Amount</b>	<b>O R 1/18</b>
			Monetary amount	
<b>Required</b>	<b>SV109</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>O ID 1/1</b>
			Code indicating a Yes or No condition or response	
			ALIAS: Emergency Indicator	

NSF Reference: FA0-20.0

			INDUSTRY: Emergency Indicator N No Y Yes	
<b>Not Used</b>	<b>SV110</b>	<b>1340</b>	<b>Multiple Procedure Code</b>	<b>O ID 1/2</b>
			Code indicating proper adjudication and payment determination in cases involving multiple surgical procedures during the same surgical session	
<b>Situatio</b>	<b>SV111</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>O ID 1/1</b>
			Code indicating a Yes or No condition or response	
			Required if Medicaid services are the result of a screening referral.	

ALIAS: EPSDT Indicator

NSF Reference: FB0-22.0

			INDUSTRY: EPSDT Indicator Y Yes	
<b>Situatio</b>	<b>SV112</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>O ID 1/1</b>
			Code indicating a Yes or No condition or response	
			Required if applicable for Medicaid claims.	

ALIAS: Family Planning Indicator

NSF Reference: FB0-23.0

			INDUSTRY: Family Planning Indicator Y Yes	
<b>Not Used</b>	<b>SV113</b>	<b>1364</b>	<b>Review Code</b>	<b>O ID 1/2</b>
			Code identifying extenuating circumstances or justifications which might assist	

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Not Used	SV114	1341	any review of the medical necessity for this service <b>National or Local Assigned Review Value</b>	<b>O</b>	<b>AN 1/2</b>
			Value assigned by national or local organizations for various healthcare data elements		
Situatio	SV115	1327	<b>Copay Status Code</b>	<b>O</b>	<b>ID 1/1</b>
			Code indicating whether or not co-payment requirements were met on a line by line basis Required if patient was exempt from co-pay.		
			ALIAS: Co-Pay Waiver		
			NSF Reference: FB0-21.0		
			INDUSTRY: Co-Pay Status Code 0 Copay exempt No copayment is required of patient for this service		
Not Used	SV116	1334	<b>Health Care Professional Shortage Area Code</b>	<b>O</b>	<b>ID 1/1</b>
			Code identifying the Health Care Professional Shortage Area Code (HPSA)		
Not Used	SV117	127	<b>Reference Identification</b>	<b>O</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
Not Used	SV118	116	<b>Postal Code</b>	<b>O</b>	<b>ID 3/15</b>
			Code defining international postal zone code excluding punctuation and blanks (zip code for United States)		
Not Used	SV119	782	<b>Monetary Amount</b>	<b>O</b>	<b>R 1/18</b>
			Monetary amount		
Not Used	SV120	1337	<b>Level of Care Code</b>	<b>O</b>	<b>ID 1/1</b>
			Code specifying the level of care provided by a nursing home facility		
Not Used	SV121	1360	<b>Provider Agreement Code</b>	<b>O</b>	<b>ID 1/1</b>
			Code indicating the type of agreement under which the provider is submitting this claim		



<b>Segment:</b>	<b>SV4 Prescription Number</b>
<b>Position:</b>	385
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify the claim service detail for prescription drugs
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	<ol style="list-style-type: none"> <li>SV401 is a prescription number.</li> <li>SV403 is a new or refill number. A value of zero indicates a new prescription, any other value is the refill number of an existing prescription.</li> <li>SV404 is the generic indicator. A "Y" value indicates a generic drug; an "N" value indicates a branded drug.</li> <li>SV408 is the drug name.</li> <li>SV409 is the multisource indicator. A "Y" indicates drug is available from more than one manufacturer; an "N" value indicates drug is available from one manufacturer.</li> <li>SV410 is the compound indicator. A "Y" indicates a compound drug; an "N" value indicates a noncompound drug. A "U" value indicates a nonspecified drug compound.</li> </ol>
<b>Comments:</b>	
<b>Notes:</b>	Required if dispense of the drug has been done with an assigned Rx number.

In cases where a compound drug is being billed, the components of the compound will all have the same prescription number. Payers receiving the claim can relate all the components by matching the prescription number.

Data Element Summary				
	Ref.	Data		
	Des.	Element	Name	Attributes
Required	SV401	127	<b>Reference Identification</b>	M AN 1/30
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Prescription Number	
Not Used	SV402	C003	<b>Composite Medical Procedure Identifier</b>	O
			To identify a medical procedure by its standardized codes and applicable modifiers	
Not Used	C00301	235	<b>Product/Service ID Qualifier</b>	M ID 2/2
			Code identifying the type/source of the descriptive number used in Product/Service ID (234)	
Not Used	C00302	234	<b>Product/Service ID</b>	M AN 1/48
			Identifying number for a product or service	
Not Used	C00303	1339	<b>Procedure Modifier</b>	O AN 2/2
			This identifies special circumstances related to the performance of the service, as defined by trading partners	
Not Used	C00304	1339	<b>Procedure Modifier</b>	O AN 2/2
			This identifies special circumstances related to the performance of the service, as defined by trading partners	
Not Used	C00305	1339	<b>Procedure Modifier</b>	O AN 2/2
			This identifies special circumstances related to the performance of the service, as defined by trading partners	
Not Used	C00306	1339	<b>Procedure Modifier</b>	O AN 2/2
			This identifies special circumstances related to the performance of the service, as defined by trading partners	
Not Used	C00307	352	<b>Description</b>	O AN 1/80
			A free-form description to clarify the related data elements and their content	
Not Used	SV403	127	<b>Reference Identification</b>	O AN 1/30
			Reference information as defined for a particular Transaction Set or as	

## DRAFT

			specified by the Reference Identification Qualifier	
Not Used	SV404	1073	<b>Yes/No Condition or Response Code</b>	O ID 1/1
			Code indicating a Yes or No condition or response	
Not Used	SV405	1329	<b>Dispense as Written Code</b>	O ID 1/1
			Code indicating whether or not the prescriber's instructions regarding generic substitution were followed	
Not Used	SV406	1338	<b>Level of Service Code</b>	O ID 1/3
			Code specifying the level of service rendered	
Not Used	SV407	1356	<b>Prescription Origin Code</b>	O ID 1/1
			Code indicating the origin of a prescription	
Not Used	SV408	352	<b>Description</b>	O AN 1/80
			A free-form description to clarify the related data elements and their content	
Not Used	SV409	1073	<b>Yes/No Condition or Response Code</b>	O ID 1/1
			Code indicating a Yes or No condition or response	
Not Used	SV410	1073	<b>Yes/No Condition or Response Code</b>	O ID 1/1
			Code indicating a Yes or No condition or response	
Not Used	SV411	1370	<b>Unit Dose Code</b>	O ID 1/1
			Code indicating the type of unit dose dispensing done	
Not Used	SV412	1319	<b>Basis of Cost Determination Code</b>	O ID 1/2
			Code indicating the method by which the ingredient cost was calculated	
Not Used	SV413	1320	<b>Basis of Days Supply Determination Code</b>	O ID 1/1
			Code indicating the method by which the days supply was determined	
Not Used	SV414	1330	<b>Dosage Form Code</b>	O ID 2/2
			Code indicating the form in which the drug is dispensed	
Not Used	SV415	1327	<b>Copay Status Code</b>	O ID 1/1
			Code indicating whether or not co-payment requirements were met on a line by line basis	
Not Used	SV416	1384	<b>Patient Location Code</b>	O ID 1/1
			Code identifying the location where patient is receiving medical treatment	
Not Used	SV417	1337	<b>Level of Care Code</b>	O ID 1/1
			Code specifying the level of care provided by a nursing home facility	
Not Used	SV418	1357	<b>Prior Authorization Type Code</b>	O ID 1/1
			Code indicating the type of prior authorization or medical certification that has occurred	

<b>Segment:</b>	<b>PWK DMERC CMN Indicator</b>
<b>Position:</b>	420
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To identify the type or transmission or both of paperwork or supporting information
<b>Syntax Notes:</b>	1 If either PWK05 or PWK06 is present, then the other is required.
<b>Semantic Notes:</b>	
<b>Comments:</b>	1 PWK05 and PWK06 may be used to identify the addressee by a code number. 2 PWK07 may be used to indicate special information to be shown on the specified report. 3 PWK08 may be used to indicate action pertaining to a report.
<b>Notes:</b>	Required on Medicare claims when DMERC CMN is included in this claim.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	PWK01	755	<b>Report Type Code</b>	<b>M ID 2/2</b>
			Code indicating the title or contents of a document, report or supporting item ALIAS: DMERC Report Type Code	
			INDUSTRY: Attachment Report Type Code CT Certification	
Required	PWK02	756	<b>Report Transmission Code</b>	<b>O ID 1/2</b>
			Code defining timing, transmission method or format by which reports are to be sent ALIAS: Attachment Transmission Code	
			NSF Reference: EA0-40.0	
			INDUSTRY: Attachment Transmission Code AB AD AF AG NS Not Specified	
			Indicates that a report will be transmitted via a nonspecified medium NS = Paperwork is available on request at the provider's site. This means that the paperwork is not being sent with the claim at this time. Instead, it is available to the payer (or appropriate entity) at their request.	
Not Used	PWK03	757	<b>Report Copies Needed</b>	<b>O N0 1/2</b>
			The number of copies of a report that should be sent to the addressee	
Not Used	PWK04	98	<b>Entity Identifier Code</b>	<b>O ID 2/3</b>
			Code identifying an organizational entity, a physical location, property or an individual	
Not Used	PWK05	66	<b>Identification Code Qualifier</b>	<b>X ID 1/2</b>
			Code designating the system/method of code structure used for Identification Code (67)	
Not Used	PWK06	67	<b>Identification Code</b>	<b>X AN 2/80</b>
			Code identifying a party or other code	
Not Used	PWK07	352	<b>Description</b>	<b>O AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
Not Used	PWK08	C002	<b>Actions Indicated</b>	<b>O</b>

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			Actions to be performed on the piece of paperwork identified	
Not Used	C00201	704	<b>Paperwork/Report Action Code</b>	<b>M ID 1/2</b>
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required	
Not Used	C00202	704	<b>Paperwork/Report Action Code</b>	<b>O ID 1/2</b>
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required	
Not Used	C00203	704	<b>Paperwork/Report Action Code</b>	<b>O ID 1/2</b>
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required	
Not Used	C00204	704	<b>Paperwork/Report Action Code</b>	<b>O ID 1/2</b>
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required	
Not Used	C00205	704	<b>Paperwork/Report Action Code</b>	<b>O ID 1/2</b>
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required	
Not Used	PWK09	1525	<b>Request Category Code</b>	<b>O ID 1/2</b>
			Code indicating a type of request	

<b>Segment:</b>	<b>CR1 Ambulance Transport Information</b>
<b>Position:</b>	425
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply information related to the ambulance service rendered to a patient
<b>Syntax Notes:</b>	<b>1</b> If either CR101 or CR102 is present, then the other is required. <b>2</b> If either CR105 or CR106 is present, then the other is required.
<b>Semantic Notes:</b>	<b>1</b> CR102 is the weight of the patient at time of transport. <b>2</b> CR106 is the distance traveled during transport. <b>3</b> CR107 is the address of origin. <b>4</b> CR108 is the address of destination. <b>5</b> CR109 is the purpose for the round trip ambulance service. <b>6</b> CR110 is the purpose for the usage of a stretcher during ambulance service.
<b>Comments:</b>	
<b>Notes:</b>	Required on all ambulance claims if the information is different than in the CR1 at the claim level (Loop ID-2300).

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Situatio</b>	<b>CR101</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Required if CR102 is present.  INDUSTRY: Unit or Basis for Measurement Code LB Pound	<b>X ID 2/2</b>
<b>Situatio</b>	<b>CR102</b>	<b>81</b>	<b>Weight</b> Numeric value of weight Required if it is necessary to justify the medical necessity of the level of ambulance services.  ALIAS: Patient Weight  NSF Reference: GA0-05.0	<b>X R 1/10</b>
<b>Required</b>	<b>CR103</b>	<b>1316</b>	INDUSTRY: Patient Weight <b>Ambulance Transport Code</b> Code indicating the type of ambulance transport ALIAS: Ambulance transport code  NSF Reference: GA0-07.0  INDUSTRY: Ambulance Transport Code I Initial Trip R Return Trip T Transfer Trip Ambulance from one facility to another X Round Trip	<b>O ID 1/1</b>
<b>Required</b>	<b>CR104</b>	<b>1317</b>	<b>Ambulance Transport Reason Code</b> Code indicating the reason for ambulance transport ALIAS: Ambulance Transport Reason Code  NSF Reference: GA0-15.0	<b>O ID 1/1</b>

			INDUSTRY: Ambulance Transport Reason Code	
			A	Patient was transported to nearest facility for care of symptoms, complaints, or both
			B	Patient was transported for the benefit of a preferred physician
			C	Patient was transported for the nearness of family members
			D	Patient was transported for the care of a specialist or for availability of specialized equipment
			E	Patient Transferred to Rehabilitation Facility
<b>Required</b>	<b>CR105</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b>	<b>X ID 2/2</b>
Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken				
INDUSTRY: Unit or Basis for Measurement Code				
			DH	Miles
<b>Required</b>	<b>CR106</b>	<b>380</b>	<b>Quantity</b>	<b>X R 1/15</b>
Numeric value of quantity				
NSF crosswalk to FA0-50.0 is used only in Medicare payer-to-payer COB situations.				
ALIAS: Transport Distance				
NSF Reference: GA0-17.0, FA0-50.0				
			INDUSTRY: Transport Distance	
<b>Not Used</b>	<b>CR107</b>	<b>166</b>	<b>Address Information</b>	<b>O AN 1/55</b>
Address information				
<b>Not Used</b>	<b>CR108</b>	<b>166</b>	<b>Address Information</b>	<b>O AN 1/55</b>
Address information				
<b>Situatio</b>	<b>CR109</b>	<b>352</b>	<b>Description</b>	<b>O AN 1/80</b>
A free-form description to clarify the related data elements and their content				
Required if CR103 (Ambulance Transport Code) = "X - Round Trip"; otherwise not used.				
ALIAS: Transport purpose description				
NSF Reference: GA0-20.0				
			INDUSTRY: Round Trip Purpose Description	
<b>Situatio</b>	<b>CR110</b>	<b>352</b>	<b>Description</b>	<b>O AN 1/80</b>
A free-form description to clarify the related data elements and their content				
Required if needed to justify usage of stretcher.				
ALIAS: Stretcher Purpose Description				
NSF Reference: GA0-21.0				
INDUSTRY: Stretcher Purpose Description				

<b>Segment:</b>	<b>CR2</b>	<b>Spinal Manipulation Service Information</b>
<b>Position:</b>	430	
<b>Loop:</b>	2400	Optional (Must Use)
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	5	
<b>Purpose:</b>	To supply information related to the chiropractic service rendered to a patient	
<b>Syntax Notes:</b>	<b>1</b> If either CR201 or CR202 is present, then the other is required. <b>2</b> If CR204 is present, then CR203 is required. <b>3</b> If either CR205 or CR206 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> CR201 is the number this treatment is in the series. <b>2</b> CR202 is the total number of treatments in the series. <b>3</b> CR206 is the time period involved in the treatment series. <b>4</b> CR207 is the number of treatments rendered in the month of service. <b>5</b> CR209 is complication indicator. A "Y" value indicates a complicated condition; an "N" value indicates an uncomplicated condition. <b>6</b> CR210 is a description of the patient's condition. <b>7</b> CR211 is an additional description of the patient's condition. <b>8</b> CR212 is X-rays availability indicator. A "Y" value indicates X-rays are maintained and available for carrier review; an "N" value indicates X-rays are not maintained and available for carrier review.	
<b>Comments:</b>	<b>1</b> When both CR203 and CR204 are present, CR203 is the beginning level of subluxation and CR204 is the ending level of subluxation.	
<b>Notes:</b>	Required on all claims involving spinal manipulation if information is different from Loop-ID 2300 CR2 information. Such claims could originate with chiropractors, physical therapists, DOs, and many other types of health care providers.	

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>CR201</b>	<b>609</b>	<b>Count</b> Occurrence counter ALIAS: Treatment Number. Spinal Manipulation  NSF Reference: GC0-07.0	<b>X N0 1/9</b>
<b>Required</b>	<b>CR202</b>	<b>380</b>	<b>Quantity</b> INDUSTRY: Treatment Series Number Numeric value of quantity ALIAS: Treatment Series Total. Spinal Manipulation  NSF Reference: GC0-07.0	<b>X R 1/15</b>
<b>Situatio</b>	<b>CR203</b>	<b>1367</b>	<b>Subluxation Level Code</b> INDUSTRY: Treatment Count Code identifying the specific level of subluxation Required if subluxation is involved in claim.  ALIAS: Subluxation Level Code  NSF Reference: GC0-08.0  INDUSTRY: Subluxation Level Code C1 Cervical 1 Adjustment of the first neck vertebrae C2 Cervical 2 Adjustment of the second neck vertebrae	<b>X ID 2/3</b>

C3	Cervical 3 Adjustment of the third neck vertebrae
C4	Cervical 4 Adjustment of the fourth neck vertebrae
C5	Cervical 5 Adjustment of the fifth neck vertebrae
C6	Cervical 6 Adjustment of the sixth neck vertebrae
C7	Cervical 7 Adjustment of the seventh neck vertebrae
CO	Coccyx Adjustment of the caudal extremity of the vertebrae
IL	Ilium Adjustment of the expansive superior portion of the hip bone
L1	Lumbar 1 Adjustment of the first vertebrae between the thorax and the pelvis
L2	Lumbar 2 Adjustment of the second vertebrae between the thorax and the pelvis
L3	Lumbar 3 Adjustment of the third vertebrae between the thorax and the pelvis
L4	Lumbar 4 Adjustment of the fourth vertebrae between the thorax and the pelvis
L5	Lumbar 5 Adjustment to the fifth vertebrae between the thorax and the pelvis
OC	Occiput Adjustment of the back part of the neck
SA	Sacrum Adjustment of the triangular bone just below the lumbar vertebrae
T1	Thoracic 1 Adjustment of the first vertebrae located between the neck and the respiratory diaphragm
T10	Thoracic 10 Adjustment of the tenth vertebrae located between the neck and the respiratory diaphragm
T11	Thoracic 11 Adjustment of the eleventh vertebrae located between the neck and the respiratory diaphragm
T12	Thoracic 12 Adjustment of the twelfth vertebrae located between the neck and the respiratory diaphragm
T2	Thoracic 2 Adjustment of the second vertebrae located between the neck and the respiratory diaphragm
T3	Thoracic 3 Adjustment of the third vertebrae located between the neck and the respiratory diaphragm
T4	Thoracic 4 Adjustment of the fourth vertebrae located between the



T5	neck and the respiratory diaphragm Thoracic 5 Adjustment of the fifth vertebrae located between the neck and the respiratory diaphragm
T6	Thoracic 6 Adjustment of the sixth vertebrae located between the neck and the respiratory diaphragm
T7	Thoracic 7 Adjustment of the seventh vertebrae located between the neck and the respiratory diaphragm
T8	Thoracic 8 Adjustment of the eighth vertebrae located between the neck and the respiratory diaphragm
T9	Thoracic 9 Adjustment of the ninth vertebrae located between the neck and the respiratory diaphragm

**Situatio**      **CR204**      **1367**      **Subluxation Level Code**      **O**      **ID 2/3**

Code identifying the specific level of subluxation  
 Required if additional subluxation is involved in claim to indicate a range (i.e., subluxation from CR203 to CR204).

ALIAS: Subluxation Level Code

NSF Reference: GC0-08.0

INDUSTRY: Subluxation Level Code

C1	Cervical 1 Adjustment of the first neck vertebrae
C2	Cervical 2 Adjustment of the second neck vertebrae
C3	Cervical 3 Adjustment of the third neck vertebrae
C4	Cervical 4 Adjustment of the fourth neck vertebrae
C5	Cervical 5 Adjustment of the fifth neck vertebrae
C6	Cervical 6 Adjustment of the sixth neck vertebrae
C7	Cervical 7 Adjustment of the seventh neck vertebrae
CO	Coccyx Adjustment of the caudal extremity of the vertebrae
IL	Ilium Adjustment of the expansive superior portion of the hip bone
L1	Lumbar 1 Adjustment of the first vertebrae between the thorax and the pelvis
L2	Lumbar 2 Adjustment of the second vertebrae between the thorax and the pelvis
L3	Lumbar 3 Adjustment of the third vertebrae between the thorax and the pelvis
L4	Lumbar 4

				Adjustment of the fourth vertebrae between the thorax and the pelvis
			L5	Lumbar 5
				Adjustment to the fifth vertebrae between the thorax and the pelvis
			OC	Occiput
				Adjustment of the back part of the neck
			SA	Sacrum
				Adjustment of the triangular bone just below the lumbar vertebrae
			T1	Thoracic 1
				Adjustment of the first vertebrae located between the neck and the respiratory diaphragm
			T10	Thoracic 10
				Adjustment of the tenth vertebrae located between the neck and the respiratory diaphragm
			T11	Thoracic 11
				Adjustment of the eleventh vertebrae located between the neck and the respiratory diaphragm
			T12	Thoracic 12
				Adjustment of the twelfth vertebrae located between the neck and the respiratory diaphragm
			T2	Thoracic 2
				Adjustment of the second vertebrae located between the neck and the respiratory diaphragm
			T3	Thoracic 3
				Adjustment of the third vertebrae located between the neck and the respiratory diaphragm
			T4	Thoracic 4
				Adjustment of the fourth vertebrae located between the neck and the respiratory diaphragm
			T5	Thoracic 5
				Adjustment of the fifth vertebrae located between the neck and the respiratory diaphragm
			T6	Thoracic 6
				Adjustment of the sixth vertebrae located between the neck and the respiratory diaphragm
			T7	Thoracic 7
				Adjustment of the seventh vertebrae located between the neck and the respiratory diaphragm
			T8	Thoracic 8
				Adjustment of the eighth vertebrae located between the neck and the respiratory diaphragm
			T9	Thoracic 9
				Adjustment of the ninth vertebrae located between the neck and the respiratory diaphragm
<b>Required</b>	<b>CR205</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b>	
			<b>X ID 2/2</b>	
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	
			INDUSTRY: Unit or Basis for Measurement Code	
			DA	Days
			MO	Months
			WK	Week
			YR	Years
<b>Required</b>	<b>CR206</b>	<b>380</b>	<b>Quantity</b>	
			<b>X R 1/15</b>	
			Numeric value of quantity	
P837V401 (004010X098)			602	
			August 8, 2001	

ALIAS: Treatment Series Period. Spinal Manipulation

NSF Reference: GC0-09.0

**Required**      **CR207**      **380**      **INDUSTRY: Treatment Period Count**  
**Quantity**      **O**      **R 1/15**

Numeric value of quantity

ALIAS: Treatment Number in Month. Spinal Manipulation

NSF Reference: GC0-10.0

**Required**      **CR208**      **1342**      **INDUSTRY: Monthly Treatment Count**  
**Nature of Condition Code**      **O**      **ID 1/1**

Code indicating the nature of a patient's condition

ALIAS: Nature of Condition Code. Spinal Manipulation

NSF Reference: GC0-11.0

INDUSTRY: Patient Condition Code

A      Acute Condition  
A disease of rapid onset, severe symptoms, and brief duration  
C      Chronic Condition  
A disease of long duration involving very slow changes; such a disease is often of gradual onset; the term does not imply anything about the severity of the disease  
D      Non-acute  
E      Non-Life Threatening  
F      Routine  
G      Symptomatic  
M      Acute Manifestation of a Chronic Condition  
A disease of long duration interrupted by a rapid onset of severe symptoms of brief duration

**Required**      **CR209**      **1073**      **Yes/No Condition or Response Code**      **O**      **ID 1/1**

Code indicating a Yes or No condition or response

ALIAS: Complication Indicator. Spinal Manipulation

NSF Reference: GC0-13.0

INDUSTRY: Complication Indicator

N      No  
Y      Yes

**Situatio**      **CR210**      **352**      **Description**      **O**      **AN 1/80**

A free-form description to clarify the related data elements and their content  
Used at discretion of submitter.

ALIAS: Patient Condition Description, Chiropractic

NSF Reference: GC0-14.0

**Situatio**      **CR211**      **352**      **INDUSTRY: Patient Condition Description**  
**Description**      **O**      **AN 1/80**

A free-form description to clarify the related data elements and their content  
Used at discretion of submitter.

ALIAS: Patient Condition Description, Chiropractic

DRAFT

NSF Reference: GC0-14.0

**Required CR212 1073**

INDUSTRY: Patient Condition Description

**Yes/No Condition or Response Code**

**O ID 1/1**

Code indicating a Yes or No condition or response

ALIAS: X-ray Availability Indicator, Chiropractic

NSF Reference: GC0-15.0

INDUSTRY: X-ray Availability Indicator

N	No
Y	Yes

**Segment:****CR3 Durable Medical Equipment Certification****Position:**

435

**Loop:**

2400 Optional (Must Use)

**Level:**

Summary

**Usage:**

Optional

**Max Use:**

1

**Purpose:**

To supply information regarding a physician's certification for durable medical equipment

**Syntax Notes:****1** If either CR302 or CR303 is present, then the other is required.**Semantic Notes:****1** CR302 and CR303 specify the time period covered by this certification.**2** CR305 is the prognosis of the patient.**Comments:****Notes:**

Required if it is necessary to include supporting documentation in an electronic form for Medicare DMERC claims for which the provider is required to obtain a certificate of medical necessity (CMN) from the physician.

**Data Element Summary**

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>CR301</b>	<b>1322</b>	<b>Certification Type Code</b>	<b>O ID 1/1</b>
			Code indicating the type of certification	
			NSF Reference: GU0-04.0	
			INDUSTRY: Certification Type Code	
			I Initial	
			R Renewal	
			S Revised	
<b>Required</b>	<b>CR302</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b>	<b>X ID 2/2</b>
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	
			INDUSTRY: Unit or Basis for Measurement Code	
			MO Months	
<b>Required</b>	<b>CR303</b>	<b>380</b>	<b>Quantity</b>	<b>X R 1/15</b>
			Numeric value of quantity	
			Length of time DME equipment is needed.	
			ALIAS: DME Duration	
			NSF Reference: GU0-21.0	
			INDUSTRY: Durable Medical Equipment Duration	
<b>Not Used</b>	<b>CR304</b>	<b>1335</b>	<b>Insulin Dependent Code</b>	<b>O ID 1/1</b>
			Code indicating the condition that demonstrates insulin dependence	
<b>Not Used</b>	<b>CR305</b>	<b>352</b>	<b>Description</b>	<b>O AN 1/80</b>
			A free-form description to clarify the related data elements and their content	

**Segment:** **CR5 Home Oxygen Therapy Information**  
**Position:** 445  
**Loop:** 2400 Optional (Must Use)  
**Level:** Summary  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply information regarding certification of medical necessity for home oxygen therapy

**Syntax Notes:**  
**Semantic Notes:**

- 1 CR502 is the number of months covered by this certification.
- 2 CR505 is the reason for equipment.
- 3 CR506 is the oxygen flow rate in liters per minute.
- 4 CR507 is the number of times per day the patient must use oxygen.
- 5 CR508 is the number of hours per period of oxygen use.
- 6 CR509 is the special orders for the respiratory therapist.
- 7 CR510 is the arterial blood gas.
- 8 CR511 is the oxygen saturation.
- 9 CR516 is the oxygen flow rate for a portable oxygen system in liters per minute.

**Comments:**  
**Notes:** Required on all initial, renewal, and revision home oxygen therapy claims.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	CR501	1322	<b>Certification Type Code</b> Code indicating the type of certification ALIAS: Certification Type Code. Oxygen Therapy  NSF Reference: GX0-04.0  INDUSTRY: Certification Type Code I Initial R Renewal S Revised	O ID 1/1
Required	CR502	380	<b>Quantity</b> Numeric value of quantity ALIAS: Certification Period, Home Oxygen Therapy  NSF Reference: GX0-06.0	O R 1/15
Not Used	CR503	1348	INDUSTRY: Treatment Period Count <b>Oxygen Equipment Type Code</b> Code indicating the specific type of equipment being prescribed for the delivery of oxygen	O ID 1/1
Not Used	CR504	1348	<b>Oxygen Equipment Type Code</b> Code indicating the specific type of equipment being prescribed for the delivery of oxygen	O ID 1/1
Not Used	CR505	352	<b>Description</b> A free-form description to clarify the related data elements and their content	O AN 1/80
Not Used	CR506	380	<b>Quantity</b> Numeric value of quantity	O R 1/15
Not Used	CR507	380	<b>Quantity</b> Numeric value of quantity	O R 1/15
Not Used	CR508	380	<b>Quantity</b> Numeric value of quantity	O R 1/15
Not Used	CR509	352	<b>Description</b>	O AN 1/80

			A free-form description to clarify the related data elements and their content	
<b>Situatio</b>	<b>CR510</b>	<b>380</b>	<b>Quantity</b>	<b>O R 1/15</b>
			Numeric value of quantity	
			Either CR510 or CR511 is required.	
			Required on claims which report arterial blood gas.	
			ALIAS: Arterial Blood Gas	
			NSF Reference: GX0-22.0	
<b>Situatio</b>	<b>CR511</b>	<b>380</b>	<b>Quantity</b>	<b>O R 1/15</b>
			INDUSTRY: Arterial Blood Gas Quantity	
			Numeric value of quantity	
			Either CR510 or CR511 is required.	
			Required on claims which report oxygen saturation quantity.	
			ALIAS: Oxygen Saturation	
			NSF Reference: GX0-23.0	
<b>Required</b>	<b>CR512</b>	<b>1349</b>	<b>Oxygen Test Condition Code</b>	<b>O ID 1/1</b>
			Code indicating the conditions under which a patient was tested	
			ALIAS: Oxygen test condition code	
			NSF Reference: GX0-26.0	
			INDUSTRY: Oxygen Test Condition Code	
			E Exercising	
			R At rest on room air	
			S Sleeping	
<b>Situatio</b>	<b>CR513</b>	<b>1350</b>	<b>Oxygen Test Findings Code</b>	<b>O ID 1/1</b>
			Code indicating the findings of oxygen tests performed on a patient	
			Required if patient's arterial PO <sub>2</sub> is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate.	
			ALIAS: Oxygen test finding code	
			NSF Reference: GX0-27.0	
			INDUSTRY: Oxygen Test Findings Code	
			1 Dependent edema suggesting congestive heart failure	
<b>Situatio</b>	<b>CR514</b>	<b>1350</b>	<b>Oxygen Test Findings Code</b>	<b>O ID 1/1</b>
			Code indicating the findings of oxygen tests performed on a patient	
			Required if patient's arterial PO <sub>2</sub> is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate.	
			ALIAS: Oxygen test finding code	
			NSF Reference: GX0-27.0	
			INDUSTRY: Oxygen Test Findings Code	
			2 "P" Pulmonale on Electrocardiogram (EKG)	

<b>Situatio</b>	<b>CR515</b>	<b>1350</b>	<b>Oxygen Test Findings Code</b> <b>O ID 1/1</b> Code indicating the findings of oxygen tests performed on a patient Required if patient's arterial PO<v>2 is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate.  ALIAS: Oxygen test finding code  NSF Reference: GX0-27.0  INDUSTRY: Oxygen Test Findings Code 3 Erythrocythemia with a hematocrit greater than 56 percent
<b>Not Used</b>	<b>CR516</b>	<b>380</b>	<b>Quantity</b> <b>O R 1/15</b> Numeric value of quantity
<b>Not Used</b>	<b>CR517</b>	<b>1382</b>	<b>Oxygen Delivery System Code</b> <b>O ID 1/1</b> Code to indicate if a particular form of delivery was prescribed
<b>Not Used</b>	<b>CR518</b>	<b>1348</b>	<b>Oxygen Equipment Type Code</b> <b>O ID 1/1</b> Code indicating the specific type of equipment being prescribed for the delivery of oxygen



<b>Segment:</b>	<b>CRC Ambulance Certification</b>
<b>Position:</b>	450
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	3
<b>Purpose:</b>	To supply information on conditions
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	<ol style="list-style-type: none"> <li>1 CRC01 qualifies CRC03 through CRC07.</li> <li>2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.</li> </ol>
<b>Comments:</b>	
<b>Notes:</b>	The maximum number of CRC segments which can occur per 2400 loop is 3. Submitters are free to mix and match the three types of service line level CRC segments shown in this implementation guide to meet their billing/reporting needs but no more than a total of 3 CRC segments per 2400 loop are allowed.

Required on all service lines which bill/report ambulance services if the information is different when CRC01=07 in Loop ID-2300.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>CRC01</b>	<b>1136</b>	<b>Code Category</b> Specifies the situation or category to which the code applies INDUSTRY: Code Category 07 Ambulance Certification	<b>M ID 2/2</b>
<b>Required</b>	<b>CRC02</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response ALIAS: Certification Condition Code, Ambulance Certification INDUSTRY: Certification Condition Indicator N No Y Yes	<b>M ID 1/1</b>
<b>Required</b>	<b>CRC03</b>	<b>1321</b>	<b>Condition Indicator</b> Code indicating a condition The codes for CRC03 also can be used for CRC04 through CRC07. ALIAS: Condition Indicator INDUSTRY: Condition Code 01 Patient was admitted to a hospital GA0-06.0 02 Patient was bed confined before the ambulance service GA0-08.0 03 Patient was bed confined after the ambulance service GA0-09.0 04 Patient was moved by stretcher GA0-10.0 05 Patient was unconscious or in shock GA0-11.0 06 Patient was transported in an emergency situation GA0-12.0 07 Patient had to be physically restrained	<b>M ID 2/2</b>

			GA0-13.0	
		08	Patient had visible hemorrhaging	
			GA0-14.0	
		09	Ambulance service was medically necessary	
			GA0-16.0	
		60	Transportation Was To the Nearest Facility	
			GA0-24.0	
<b>Situatio</b>	<b>CRC04</b>	<b>1321</b>	<b>Condition Indicator</b>	<b>O ID 2/2</b>
			Code indicating a condition	
			Required if additional condition codes are needed.	
			Use the codes listed in CRC03.	
			ALIAS: Condition Indicator	
<b>Situatio</b>	<b>CRC05</b>	<b>1321</b>	INDUSTRY: Condition Code <b>Condition Indicator</b>	<b>O ID 2/2</b>
			Code indicating a condition	
			Required if additional condition codes are needed.	
			Use the codes listed in CRC03.	
			ALIAS: Condition Indicator	
<b>Situatio</b>	<b>CRC06</b>	<b>1321</b>	INDUSTRY: Condition Code <b>Condition Indicator</b>	<b>O ID 2/2</b>
			Code indicating a condition	
			Required if additional condition codes are needed.	
			Use the codes listed in CRC03.	
			ALIAS: Condition Indicator	
<b>Situatio</b>	<b>CRC07</b>	<b>1321</b>	INDUSTRY: Condition Code <b>Condition Indicator</b>	<b>O ID 2/2</b>
			Code indicating a condition	
			Required if additional condition codes are needed.	
			Use the codes listed in CRC03.	
			ALIAS: Condition Indicator	
			INDUSTRY: Condition Code	

<b>Segment:</b>	<b>CRC Hospice Employee Indicator</b>
<b>Position:</b>	450
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply information on conditions
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	<b>1</b> CRC01 qualifies CRC03 through CRC07. <b>2</b> CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.
<b>Comments:</b>	
<b>Notes:</b>	The example shows the method used to indicate whether the rendering provider is an employee of the hospice.

The maximum number of CRC segments which can occur per 2400 loop is 3. Submitters are free to mix and match the three types of service line level CRC segments shown in this implementation guide to meet their billing/reporting needs but no more than a total of 3 CRC segments per 2400 loop are allowed.

Required on all Medicare claims involving physician services to hospice patients.

<b>Data Element Summary</b>				
	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>CRC01</b>	<b>1136</b>	<b>Code Category</b>	<b>M ID 2/2</b>
			Specifies the situation or category to which the code applies	
			INDUSTRY: Code Category	
			70 Hospice	
<b>Required</b>	<b>CRC02</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>M ID 1/1</b>
			Code indicating a Yes or No condition or response	
			A "Y" value indicates the provider is employed by the hospice. A "N" value indicates the provider is not employed by the hospice.	
			ALIAS: Hospice Employee Indicator	
			NSF Reference: FA0-40.0	
			INDUSTRY: Hospice Employed Provider Indicator	
			N No	
			Y Yes	
<b>Required</b>	<b>CRC03</b>	<b>1321</b>	<b>Condition Indicator</b>	<b>M ID 2/2</b>
			Code indicating a condition	
			INDUSTRY: Condition Indicator	
			65 Open	
			Use this code as a place holder (element is mandatory) when reporting whether the provider is a hospice employee.	
<b>Not Used</b>	<b>CRC04</b>	<b>1321</b>	<b>Condition Indicator</b>	<b>O ID 2/2</b>
			Code indicating a condition	
<b>Not Used</b>	<b>CRC05</b>	<b>1321</b>	<b>Condition Indicator</b>	<b>O ID 2/2</b>
			Code indicating a condition	
<b>Not Used</b>	<b>CRC06</b>	<b>1321</b>	<b>Condition Indicator</b>	<b>O ID 2/2</b>
			Code indicating a condition	
<b>Not Used</b>	<b>CRC07</b>	<b>1321</b>	<b>Condition Indicator</b>	<b>O ID 2/2</b>
P837V401 (004010X098)			611	August 8, 2001

DRAFT

Code indicating a condition

<b>Segment:</b>	<b>CRC</b>	<b>DMERC Condition Indicator</b>
<b>Position:</b>	450	
<b>Loop:</b>	2400	Optional (Must Use)
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	2	
<b>Purpose:</b>	To supply information on conditions	
<b>Syntax Notes:</b>		
<b>Semantic Notes:</b>	<ol style="list-style-type: none"> <li>1 CRC01 qualifies CRC03 through CRC07.</li> <li>2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.</li> </ol>	
<b>Comments:</b>		
<b>Notes:</b>	Required on all oxygen therapy and DME claims that require a certificate of medical necessity (CMN).	

The maximum number of CRC segments which can occur per 2400 loop is 3. Submitters are free to mix and match the three types of service line level CRC segments shown in this implementation guide to meet their billing/reporting needs but no more than a total of 3 CRC segments per 2400 loop are allowed.

The first example shows a case where an item billed was not a replacement item.

<b>Data Element Summary</b>				
	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>CRC01</b>	<b>1136</b>	<b>Code Category</b>	<b>M ID 2/2</b>
			Specifies the situation or category to which the code applies	
			INDUSTRY: Code Category	
			09 Durable Medical Equipment Certification	
			Prescription describing the need for durable medical equipment; usually included are the diagnosis and estimated duration of need	
			11 Oxygen Therapy Certification	
<b>Required</b>	<b>CRC02</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>M ID 1/1</b>
			Code indicating a Yes or No condition or response	
			ALIAS: Certification Condition Code Applies Indicator	
			INDUSTRY: Certification Condition Indicator	
			N No	
			Y Yes	
<b>Required</b>	<b>CRC03</b>	<b>1321</b>	<b>Condition Indicator</b>	<b>M ID 2/2</b>
			Code indicating a condition	
			Use "P1" (GX0-20.0) to answer the Medicare Oxygen CMN question: "The test was performed either with the patient in a chronic stable state as an outpatient or within two days prior to discharge from an inpatient facility to home."	
			Code ZV was approved by ASC X12 in the version 004011 Data Dictionary but is included in this guide to provide standard way to report DMERC claims within the HIPAA implementation time frame. It is recommended that entities who have a need to submit or receive DMERC claims customize their 004010 translator map to allow this exception code.	
			ALIAS: Condition Indicator	
			INDUSTRY: Condition Indicator	

37 Oxygen delivery equipment is stationary  
GX0-05.0

38 Certification signed by the physician is on file at the  
supplier's office  
GX0-35.0  
GU0-24.0

AL Ambulation Limitations  
GX0-05.0

P1 Patient was Discharged from the First Facility  
GX0-20.0

ZV  
GU0-06.0

**Situatio CRC04 1321 Condition Indicator O ID 2/2**

Code indicating a condition  
Required if additional condition codes are needed.

Use the codes listed in CRC03.

ALIAS: Condition Indicator

**Situatio CRC05 1321 Condition Indicator O ID 2/2**

INDUSTRY: Condition Indicator  
Code indicating a condition  
Required if additional condition codes are needed.

Use the codes listed in CRC03.

ALIAS: Condition Indicator

**Situatio CRC06 1321 Condition Indicator O ID 2/2**

INDUSTRY: Condition Indicator  
Code indicating a condition  
Required if additional condition codes are needed.

Use the codes listed in CRC03.

ALIAS: Condition Indicator

**Situatio CRC07 1321 Condition Indicator O ID 2/2**

INDUSTRY: Condition Indicator  
Code indicating a condition  
Required if additional condition codes are needed.

Use the codes listed in CRC03.

ALIAS: Condition Indicator

INDUSTRY: Condition Indicator

<b>Segment:</b>	<b>DTP</b> <b>Date - Service Date</b>
<b>Position:</b>	455
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify any or all of a date, a time, or a time period
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	<b>1</b> DTP02 is the date or time or period format that will appear in DTP03.
<b>Comments:</b>	
<b>Notes:</b>	The total number of DTP segments in the 2400 loop cannot exceed 15.

In cases where a drug is being billed on a service line, the Date of Service DTP may be used to indicate the range of dates through which the drug will be used by the patient. Use RD8 for this purpose.

In cases where a drug is being billed on a service line, the Date of Service DTP is used to indicate the date the prescription was written (or otherwise communicated by the prescriber if not written).

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
		472	Service	
			Begin and end dates of the service being rendered	
			Use RD8 in DTP02 to indicate begin/end or from/to dates.	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
		D8	Date Expressed in Format CCYYMMDD	
		RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
			A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date	
			Use RD8 if it is necessary to indicate begin/end dates.	
			Date range indicates drug duration for which the supply of drug be will used by the patient. The difference in dates, including both the begin and end dates, are the days supply of the drug. Example: 20000101 - 20000107 (1/1/00 to 1/7/00) is used for a 7 day supply where the first day of the drug used by the patient is 1/1/00. In the event a drug is administered on less than a daily basis (e.g., every other day) the date range would include the entire period during which the drug was supplied, including the last day the drug was used. Example: 20000101 - 20000108 (1/1/00 to 1/8/00) is used for an 8 days supply where the prescription is written for Q48 (every 48 hours), four doses of the drug are dispensed and the first dose is used on 1/1/00.	

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**Required**

**DTP03**

**1251**

**Date Time Period**

**M AN 1/35**

Expression of a date, a time, or range of dates, times or dates and times

NSF Reference: FA0-05.0, FA0-06.0

INDUSTRY: Service Date



**Segment:** **DTP** **Date - Certification Revision Date**

**Position:** 455

**Loop:** 2400 Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required if CR301 (DMERC Certification) = "R" or "S".

The total number of DTP segments in the 2400 loop cannot exceed 15.

Data Element Summary				
	Ref. Des.	Data Element	Name	Attributes
Required	DTP01	374	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
		607	Certification Revision	
Required	DTP02	1250	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
		D8	Date Expressed in Format CCYYMMDD	
Required	DTP03	1251	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: GU0-20.0, GX0-11.0	
			INDUSTRY: Certification Revision Date	

**Segment:** **DTP** **Date - Referral Date**

**Position:** 455

**Loop:** 2400 Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required when service line includes a referral.

The total number of DTP segments in the 2400 loop cannot exceed 15.

Data Element Summary				
	Ref. Des.	Data Element	Name	Attributes
Required	DTP01	374	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			330 Referral Date	
			The date when an educational official or teacher recommends that a student be evaluated for placement in a special education or other program	
Required	DTP02	1250	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
Required	DTP03	1251	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			INDUSTRY: Referral Date	

**Segment:** **DTP** **Date - Begin Therapy Date**

**Position:** 455

**Loop:** 2400 Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required if it is necessary to include supporting documentation in an electronic form for Medicare DMERC claims for which the provider is required to obtain a certificate of medical necessity (CMN) from the physician.

The total number of DTP segments in the 2400 loop cannot exceed 15.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	DTP01	374	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			463 Begin Therapy	
			Date treatment of physical or mental disorder started	
Required	DTP02	1250	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
Required	DTP03	1251	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: GU0-19.0, GX0-10.0	
			INDUSTRY: Begin Therapy Date	

<b>Segment:</b>	<b>DTP</b>	<b>Date - Last Certification Date</b>
<b>Position:</b>	455	
<b>Loop:</b>	2400	Optional (Must Use)
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify any or all of a date, a time, or a time period	
<b>Syntax Notes:</b>		
<b>Semantic Notes:</b>	<b>1</b> DTP02 is the date or time or period format that will appear in DTP03.	
<b>Comments:</b>		
<b>Notes:</b>	Required if it is necessary to include supporting documentation in an electronic form for Medicare DMERC claims for which the provider is required to obtain a certificate of medical necessity (CMN) from the physician.	
	Required on oxygen therapy certificates of medical necessity (CMN). This is the date the ordering physician signed the CMN.	
	The total number of DTP segments in the 2400 loop cannot exceed 15.	

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			461 Last Certification	
			Date of the most recent document attesting to a fact	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: GX0-11.0, GU0-22.0	
			INDUSTRY: Last Certification Date	

**Segment:** **DTP** **Date - Order Date**  
**Position:** 455  
**Loop:** 2400 Optional (Must Use)  
**Level:** Summary  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Required when service line includes an order for services or supplies.

The total number of DTP segments in the 2400 loop cannot exceed 15.

Data Element Summary				
	Ref. Des.	Data Element	Name	Attributes
Required	DTP01	374	Date/Time Qualifier	M ID 3/3
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			938 Order	
Required	DTP02	1250	Date Time Period Format Qualifier	M ID 2/3
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
Required	DTP03	1251	Date Time Period	M AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times	
			INDUSTRY: Order Date	

<b>Segment:</b>	<b>DTP</b> <b>Date - Date Last Seen</b>
<b>Position:</b>	455
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify any or all of a date, a time, or a time period
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	<b>1</b> DTP02 is the date or time or period format that will appear in DTP03.
<b>Comments:</b>	
<b>Notes:</b>	Required when claim is from an independent physical therapist, occupational therapist, or physician providing routine footcare if the date last seen by an attending or supervising physician is different from that listed at the claim level (Loop ID-2300).

The total number of DTP segments in the 2400 loop cannot exceed 15.

Data Element Summary				
	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			304 Latest Visit or Consultation	
			Date subscriber or dependent last visited or consulted with a physician	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: EA0-48.0	
			INDUSTRY: Last Seen Date	

**Segment:** **DTP** Date - Test

**Position:** 455

**Loop:** 2400 Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 2

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required on initial EPO claims service lines where test results are being billed/reported.

The total number of DTP segments in the 2400 loop cannot exceed 15.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			738 Most Recent Hemoglobin or Hematocrit or Both	
			739 Most Recent Serum Creatine	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: FA0-41.0, FA0-46.0	
			INDUSTRY: Test Performed Date	

**Segment:** **DTP** **Date - Oxygen Saturation/Arterial Blood Gas Test**

**Position:** 455

**Loop:** 2400 Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 3

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required on initial oxygen therapy service line(s) involving certificate of medical necessity (CMN).

The total number of DTP segments in the 2400 loop cannot exceed 15.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
		119	Test Performed	
			Use for any 4 liter/minute test date. Results for this test date are reported in MEA03 using either the GRA or ZO qualifiers in MEA02.	
		480	Arterial Blood Gas Test	
			Date of test to determine gas content in blood circulating from the heart, at rest, breathing room air	
			Do not use to report any 4 liter/minute test date. Results for the arterial blood gas test are reported in CR510.	
		481	Oxygen Saturation Test	
			Date on which oxygen saturation testing occurred	
			Do not use to report any 4 liter/minute test date. Results for the oxygen saturation test are reported in CR511.	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
		D8	Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: GX0-19.0, GX0-24.0	
			INDUSTRY: Oxygen Saturation Test Date	



**Segment:** **DTP** **Date - Shipped**

**Position:** 455

**Loop:** 2400 Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required when billing/reporting shipped products.

The total number of DTP segments in the 2400 loop cannot exceed 15.

Data Element Summary				
	Ref. Des.	Data Element	Name	Attributes
Required	DTP01	374	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			011 Shipped	
Required	DTP02	1250	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
Required	DTP03	1251	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			INDUSTRY: Shipped Date	

**Segment:** **DTP** **Date - Onset of Current Symptom/Illness**

**Position:** 455

**Loop:** 2400 Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required if different from that entered at claim level (Loop ID-2300).

Required on claims involving services to a patient experiencing symptoms similar or identical to previously reported symptoms.

The total number of DTP segments in the 2400 loop cannot exceed 15.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Attributes</b>
	<b><u>Des.</u></b>	<b><u>Element</u> <u>Name</u></b>	<b><u>M</u> <u>ID</u></b>
<b>Required</b>	<b>DTP01</b>	<b>374 Date/Time Qualifier</b>	<b>M ID 3/3</b>
		Code specifying type of date or time, or both date and time	
		INDUSTRY: Date Time Qualifier	
		431 Onset of Current Symptoms or Illness	
		Date first symptoms appeared	
<b>Required</b>	<b>DTP02</b>	<b>1250 Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
		Code indicating the date format, time format, or date and time format	
		INDUSTRY: Date Time Period Format Qualifier	
		D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251 Date Time Period</b>	<b>M AN 1/35</b>
		Expression of a date, a time, or range of dates, times or dates and times	
		NSF Reference: EA0-07.0, EA0-16.0	
		INDUSTRY: Onset Date	

**Segment:** **DTP** **Date - Last X-ray**

**Position:** 455

**Loop:** 2400 Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required for spinal manipulation certifications if different than information at claim level (Loop ID-2300).

The total number of DTP segments in the 2400 loop cannot exceed 15.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			455 Last X-Ray	
			Date of the most recent x-ray	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: GC0-06.0	
			INDUSTRY: Last X-Ray Date	

<b>Segment:</b>	<b>DTP</b> Date - Acute Manifestation
<b>Position:</b>	455
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify any or all of a date, a time, or a time period
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	1 DTP02 is the date or time or period format that will appear in DTP03.
<b>Comments:</b>	
<b>Notes:</b>	Required for spinal manipulation certifications if different than information at claim level (Loop ID-2300).

The total number of DTP segments in the 2400 loop cannot exceed 15.

Data Element Summary				
	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			453 Acute Manifestation of a Chronic Condition	
			Date serious symptoms were exhibited for a long term illness	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: GC0-12.0	
			INDUSTRY: Acute Manifestation Date	

**Segment:** **DTP** **Date - Initial Treatment**

**Position:** 455

**Loop:** 2400 Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Required for spinal manipulation certifications if different than information at claim level (Loop ID-2300).

The total number of DTP segments in the 2400 loop cannot exceed 15.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			454 Initial Treatment	
			Date medical treatment first began	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			NSF Reference: GC0-05.0	
			INDUSTRY: Initial Treatment Date	

<b>Segment:</b>	<b>DTP</b> Date - Similar Illness/Symptom Onset
<b>Position:</b>	455
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify any or all of a date, a time, or a time period
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	<b>1</b> DTP02 is the date or time or period format that will appear in DTP03.
<b>Comments:</b>	
<b>Notes:</b>	Required if line value is different than value given at claim level (Loop ID-2300) and claim involves services to a patient experiencing symptoms similar or identical to previously reported symptoms.

The total number of DTP segments in the 2400 loop cannot exceed 15.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	DTP01	374	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			438 Onset of Similar Symptoms or Illness	
			Date symptoms related to current illness first appeared	
Required	DTP02	1250	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
Required	DTP03	1251	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			INDUSTRY: Similar Illness or Symptom Date	

<b>Segment:</b>	<b>QTY</b> Anesthesia Modifying Units
<b>Position:</b>	460
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	5
<b>Purpose:</b>	To specify quantity information
<b>Syntax Notes:</b>	<b>1</b> At least one of QTY02 or QTY04 is required. <b>2</b> Only one of QTY02 or QTY04 may be present.
<b>Semantic Notes:</b>	<b>1</b> QTY04 is used when the quantity is non-numeric.
<b>Comments:</b>	
<b>Notes:</b>	Required on anesthesia service lines if one or more of the extenuating circumstances coded in QTY01 was present at the time of service.

Data Element Summary				
Ref.	Data			
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>	
Required	QTY01	673 Quantity Qualifier	M	ID 2/2
		Code specifying the type of quantity		
		INDUSTRY: Quantity Qualifier		
		BF Age Modifying Units		
		Anesthesia modifying units requested for anesthesia complicated by extreme age of patient, under one year or over seventy years		
		EC Use of Extracorporeal Circulation		
		Anesthesia modifying unit requested for anesthesia complicated by extra-corporeal circulation heart pump oxygenator bypass or pump assist which is not a usual part of the surgical procedure		
		EM Emergency Modifying Units		
		Anesthesia modifying units requested for anesthesia complicated by emergency conditions; an emergency is defined as existing when delay in treatment of the patient would lead to a significant threat to life or body part		
		HM Use of Hypothermia		
		Anesthesia modifying units requested for anesthesia complicated by total body hypothermia		
		HO Use of Hypotension		
		Anesthesia modifying units requested for anesthesia complicated by utilization of controlled hypotension		
		HP Use of Hyperbaric Pressurization		
		Anesthesia modifying units requested for anesthesia complicated by use of hyperbaric pressure		
		P3 Physical Status III		
		Anesthesia modifying units requested for Physical Status III patient, as defined by the American Society of Anesthesiologists		
		P4 Physical Status IV		
		Anesthesia modifying units requested for Physical Status IV patient, as defined by the American Society of Anesthesiologists		
		P5 Physical Status V		
		Anesthesia modifying units requested for Physical Status V, as defined by the American Society of Anesthesiologists		
		SG Swan-Ganz		
		Anesthesia modifying units requested for the insertion of		

a Swan-Ganz catheter attendant to the administration of anesthesia

<b>Required</b>	<b>QTY02</b>	<b>380</b>	<b>Quantity</b> Numeric value of quantity ALIAS: Anesthesia Modifying Units	<b>X</b>	<b>R 1/15</b>
<b>Not Used</b>	<b>QTY03</b>	<b>C001</b>	INDUSTRY: Anesthesia Modifying Units <b>Composite Unit of Measure</b> To identify a composite unit of measure (See Figures Appendix for examples of use)	<b>O</b>	
<b>Not Used</b>	<b>C00101</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	<b>M</b>	<b>ID 2/2</b>
<b>Not Used</b>	<b>C00102</b>	<b>1018</b>	<b>Exponent</b> Power to which a unit is raised	<b>O</b>	<b>R 1/15</b>
<b>Not Used</b>	<b>C00103</b>	<b>649</b>	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	<b>O</b>	<b>R 1/10</b>
<b>Not Used</b>	<b>C00104</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	<b>O</b>	<b>ID 2/2</b>
<b>Not Used</b>	<b>C00105</b>	<b>1018</b>	<b>Exponent</b> Power to which a unit is raised	<b>O</b>	<b>R 1/15</b>
<b>Not Used</b>	<b>C00106</b>	<b>649</b>	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	<b>O</b>	<b>R 1/10</b>
<b>Not Used</b>	<b>C00107</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	<b>O</b>	<b>ID 2/2</b>
<b>Not Used</b>	<b>C00108</b>	<b>1018</b>	<b>Exponent</b> Power to which a unit is raised	<b>O</b>	<b>R 1/15</b>
<b>Not Used</b>	<b>C00109</b>	<b>649</b>	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	<b>O</b>	<b>R 1/10</b>
<b>Not Used</b>	<b>C00110</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	<b>O</b>	<b>ID 2/2</b>
<b>Not Used</b>	<b>C00111</b>	<b>1018</b>	<b>Exponent</b> Power to which a unit is raised	<b>O</b>	<b>R 1/15</b>
<b>Not Used</b>	<b>C00112</b>	<b>649</b>	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	<b>O</b>	<b>R 1/10</b>
<b>Not Used</b>	<b>C00113</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	<b>O</b>	<b>ID 2/2</b>
<b>Not Used</b>	<b>C00114</b>	<b>1018</b>	<b>Exponent</b> Power to which a unit is raised	<b>O</b>	<b>R 1/15</b>
<b>Not Used</b>	<b>C00115</b>	<b>649</b>	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	<b>O</b>	<b>R 1/10</b>
<b>Not Used</b>	<b>QTY04</b>	<b>61</b>	<b>Free-Form Message</b> Free-form information	<b>X</b>	<b>AN 1/30</b>



**Segment: MEA Test Result****Position:** 462**Loop:** 2400 Optional (Must Use)**Level:** Summary**Usage:** Optional**Max Use:** 20**Purpose:** To specify physical measurements or counts, including dimensions, tolerances, variances, and weights (See Figures Appendix for example of use of C001)**Syntax Notes:** 1 At least one of MEA03 MEA05 MEA06 or MEA08 is required.

2 If MEA05 is present, then MEA04 is required.

3 If MEA06 is present, then MEA04 is required.

4 If MEA07 is present, then at least one of MEA03 MEA05 or MEA06 is required.

5 Only one of MEA08 or MEA03 may be present.

**Semantic Notes:** 1 MEA04 defines the unit of measure for MEA03, MEA05, and MEA06.**Comments:** 1 When citing dimensional tolerances, any measurement requiring a sign (+ or -), or any measurement where a positive (+) value cannot be assumed, use MEA05 as the negative (-) value and MEA06 as the positive (+) value.**Notes:** Required on service lines which bill/report the following: Concentration, Hemoglobin, Hematocrit, Epoetin Starting Dosage, Creatin, and Oxygen.**Data Element Summary**

	<b>Ref.</b>	<b>Data</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>	<b>Name</b>
<b>Required</b>	<b>MEA01</b>	<b>737</b>	<b>Measurement Reference ID Code</b>
			Code identifying the broad category to which a measurement applies
			ALIAS: Measurement identifier

INDUSTRY: Measurement Reference Identification Code

OG Original

Starting dosage

TR Test Results

Indicates that the data to follow are the results test measurements

<b>Required</b>	<b>MEA02</b>	<b>738</b>	<b>Measurement Qualifier</b>	<b>O ID 1/3</b>
			Code identifying a specific product or process characteristic to which a measurement applies	
			INDUSTRY: Measurement Qualifier	

CON Concentration

The relative amount of a component of a sample of product containing multiple components

GRA Gas Test Rate

Volume of gas produced from a well during a 24-hour test period

HT Height

R1 Hemoglobin

R2 Hematocrit

R3 Epoetin Starting Dosage

R4 Creatin

ZO Oxygen

<b>Required</b>	<b>MEA03</b>	<b>739</b>	<b>Measurement Value</b>	<b>X R 1/20</b>
			The value of the measurement	
			ALIAS: Test Results	

NSF Reference: FA0-42.0 - Hemoglobin, FA0-43.0 - Hematocrit, FA0-45.0 - Epoetin Starting Dosage, FA0-47.0 - Creatin, GX0-17.0 - Arterial Blood Gas on 4 liters/minute, GX0-18.0 - Oxygen Saturation on 4 liters/minute, GU0-16.0

## - Patient Height

			INDUSTRY: Test Results	
Not Used	MEA04	C001	<b>Composite Unit of Measure</b>	X
To identify a composite unit of measure (See Figures Appendix for examples of use)				
Not Used	C00101	355	<b>Unit or Basis for Measurement Code</b>	M ID 2/2
Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken				
Not Used	C00102	1018	<b>Exponent</b>	O R 1/15
Power to which a unit is raised				
Not Used	C00103	649	<b>Multiplier</b>	O R 1/10
Value to be used as a multiplier to obtain a new value				
Not Used	C00104	355	<b>Unit or Basis for Measurement Code</b>	O ID 2/2
Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken				
Not Used	C00105	1018	<b>Exponent</b>	O R 1/15
Power to which a unit is raised				
Not Used	C00106	649	<b>Multiplier</b>	O R 1/10
Value to be used as a multiplier to obtain a new value				
Not Used	C00107	355	<b>Unit or Basis for Measurement Code</b>	O ID 2/2
Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken				
Not Used	C00108	1018	<b>Exponent</b>	O R 1/15
Power to which a unit is raised				
Not Used	C00109	649	<b>Multiplier</b>	O R 1/10
Value to be used as a multiplier to obtain a new value				
Not Used	C00110	355	<b>Unit or Basis for Measurement Code</b>	O ID 2/2
Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken				
Not Used	C00111	1018	<b>Exponent</b>	O R 1/15
Power to which a unit is raised				
Not Used	C00112	649	<b>Multiplier</b>	O R 1/10
Value to be used as a multiplier to obtain a new value				
Not Used	C00113	355	<b>Unit or Basis for Measurement Code</b>	O ID 2/2
Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken				
Not Used	C00114	1018	<b>Exponent</b>	O R 1/15
Power to which a unit is raised				
Not Used	C00115	649	<b>Multiplier</b>	O R 1/10
Value to be used as a multiplier to obtain a new value				
Not Used	MEA05	740	<b>Range Minimum</b>	X R 1/20
The value specifying the minimum of the measurement range				
Not Used	MEA06	741	<b>Range Maximum</b>	X R 1/20
The value specifying the maximum of the measurement range				
Not Used	MEA07	935	<b>Measurement Significance Code</b>	O ID 2/2
Code used to benchmark, qualify or further define a measurement value				
Not Used	MEA08	936	<b>Measurement Attribute Code</b>	X ID 2/2
Code used to express an attribute response when a numeric measurement value cannot be determined				
Not Used	MEA09	752	<b>Surface/Layer/Position Code</b>	O ID 2/2
Code indicating the product surface, layer or position that is being described				
Not Used	MEA10	1373	<b>Measurement Method or Device</b>	O ID 2/4

DRAFT

The method or device used to record the measurement

<b>Segment:</b>	<b>CN1 Contract Information</b>
<b>Position:</b>	465
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify basic data about the contract or contract line item
<b>Syntax Notes:</b>	
<b>Semantic Notes:</b>	<ol style="list-style-type: none"> <li>1 CN102 is the contract amount.</li> <li>2 CN103 is the allowance or charge percent.</li> <li>3 CN104 is the contract code.</li> <li>4 CN106 is an additional identifying number for the contract.</li> </ol>
<b>Comments:</b>	
<b>Notes:</b>	Information contained at this level overwrites CN1 information at the claim level for this specific service line.

**Data Element Summary**

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>CN101</b>	<b>1166</b>	<b>Contract Type Code</b>	<b>M ID 2/2</b>
			Code identifying a contract type	
			The developers of this implementation guide recommend always providing CN101 for capitated encounters.	
			ALIAS: Contract type code	
			INDUSTRY: Contract Type Code	
		01	Diagnosis Related Group (DRG)	
			A patient classification scheme, which provides means of relating the type of patients a hospital treats to the costs incurred by the hospital, to determine quality of care and utilization of services in a hospital setting	
		02	Per Diem	
			A contract which allows certain charges to be on a rate per day basis	
		03	Variable Per Diem	
			A contract which allows certain charges to be on a rate per day basis, where the rate may not remain constant	
		04	Flat	
			A contract between the provider of service and the destination payor whereby the flat rate charges may differ from the total itemized charges	
		05	Capitated	
			A contract between the provider of service and the destination payor which allows payment to the provider of service on a per member per month basis	
		06	Percent	
		09	Other	
<b>Situatio</b>	<b>CN102</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O R 1/18</b>
			Monetary amount	
			Required if information is different than that given at claim level (Loop ID-2300).	
			ALIAS: Contract Amount	
			INDUSTRY: Contract Amount	
<b>Situatio</b>	<b>CN103</b>	<b>332</b>	<b>Percent</b>	<b>O R 1/6</b>

Percent expressed as a percent

Required if information is different than that given at claim level (Loop ID-2300).

ALIAS: Contract Allowance or Charge Percent

<b>Situatio</b>	<b>CN104</b>	<b>127</b>	<p>INDUSTRY: Contract Percentage</p> <p><b>Reference Identification</b> <span style="float: right;"><b>O AN 1/30</b></span></p> <p>Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier</p> <p>Required if information is different than that given at claim level (Loop ID-2300).</p>
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ALIAS: Contract Code

<b>Situatio</b>	<b>CN105</b>	<b>338</b>	<p>INDUSTRY: Contract Code</p> <p><b>Terms Discount Percent</b> <span style="float: right;"><b>O R 1/6</b></span></p> <p>Terms discount percentage, expressed as a percent, available to the purchaser if an invoice is paid on or before the Terms Discount Due Date</p> <p>Required if information is different than that given at claim level (Loop ID-2300).</p>
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ALIAS: Terms discount percent

<b>Situatio</b>	<b>CN106</b>	<b>799</b>	<p>INDUSTRY: Terms Discount Percentage</p> <p><b>Version Identifier</b> <span style="float: right;"><b>O AN 1/30</b></span></p> <p>Revision level of a particular format, program, technique or algorithm</p> <p>Required if information is different than that given at claim level (Loop ID-2300).</p>
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ALIAS: Contract Version

INDUSTRY: Contract Version Identifier

<b>Segment:</b>	<b>REF</b>	<b>Repriced Line Item Reference Number</b>
<b>Position:</b>	470	
<b>Loop:</b>	2400	Optional (Must Use)
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	This segment is intended to be used exclusively by repricing (pricing) organizations who have a need to identify a certain line in their claim submission transmission to their payer organization.	

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 9B Repriced Line Item Reference Number	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Repriced Line Item Reference Number	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>

<b>Segment:</b>	<b>REF</b> Adjusted Repriced Line Item Reference Number
<b>Position:</b>	470
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	1 REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	This segment is intended to be used exclusively by repricing (pricing) organizations who have a need to identify a certain line in their claim submission transmission to their payer organization.

## Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 9D Adjusted Repriced Line Item Reference Number	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Adjusted Repriced Line Item Reference Number	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>

<b>Segment:</b>	<b>REF</b>	<b>Prior Authorization or Referral Number</b>
<b>Position:</b>	470	
<b>Loop:</b>	2400	Optional (Must Use)
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	2	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required if service line involved a prior authorization number or referral number that is different than the number reported at the claim level (Loop-ID 2300).	

Data Element Summary				
	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 9F Referral Number G1 Prior Authorization Number An authorization number acquired prior to the submission of a claim	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Prior Authorization or Referral Number	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>



<b>Segment:</b>	<b>REF</b>	<b>Line Item Control Number</b>
<b>Position:</b>	470	
<b>Loop:</b>	2400	Optional (Must Use)
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required if it is necessary to send a line control or inventory number. Providers are STRONGLY encouraged to routinely send a unique line item control number on all service lines, particularly if the provider automatically posts their remittance advice. Submitting a unique line item control number gives providers the capability to automatically post by service line. The line item control number should be unique within a patient control number (CLM01). Payers are required to return this number in the remittance advice transaction (835) if the providers sends it to them in the 837.	

## Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 6R Provider Control Number Number assigned by information provider company for tracking and billing purposes	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier NSF Reference: FA0-04.0, FB0-04.0, FB1-04.0, FB2-04.0, FD0-04.0, FE0-04.0, HA0-04.0	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>

<b>Segment:</b>	<b>REF</b> Mammography Certification Number
<b>Position:</b>	470
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	1 REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Required for Medicare claims for all mammography services.

Data Element Summary				
	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier EW Mammography Certification Number Health Care Financing Administration assigned certification number of the certified mammography screening center	M ID 2/3
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier NSF Reference: FA0-31.0	X AN 1/30
Not Used	REF03	352	<b>Description</b> INDUSTRY: Mammography Certification Number A free-form description to clarify the related data elements and their content	X AN 1/80
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M ID 2/3
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30
Not Used	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30

<b>Segment:</b>	<b>REF</b>	<b>Clinical Laboratory Improvement Amendment (CLIA) Identification</b>
<b>Position:</b>	470	
<b>Loop:</b>	2400	Optional (Must Use)
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required for all CLIA certified facilities performing CLIA covered laboratory services and if number is different than CLIA number reported at claim level (Loop ID-2300).	

Data Element Summary				
	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier X4 Clinical Laboratory Improvement Amendment Number	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier NSF Reference: FA0-34.0	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	INDUSTRY: Clinical Laboratory Improvement Amendment Number <b>Description</b> A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>

**Segment:****REF Referring Clinical Laboratory Improvement Amendment (CLIA) Facility****Identification****Position:**

470

**Loop:**

2400 Optional (Must Use)

**Level:**

Summary

**Usage:**

Optional

**Max Use:**

1

**Purpose:**

To specify identifying information

**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:****Notes:**

Required for Medicare claims for any laboratory that referred tests to another laboratory covered by the CLIA Act that is billed on this line.

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier F4 Facility Certification Number A unique number assigned to qualifying facilities to perform services	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Referring CLIA Number	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X AN 1/30</b>

**Segment:** **REF** Immunization Batch Number

**Position:** 470

**Loop:** 2400 Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify identifying information

**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**

**Notes:** Use when required by state law for health data reporting.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier BT Batch Number	M ID 2/3
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Immunization Batch Number	X AN 1/30
Not Used	REF03	352	<b>Description</b> A free-form description to clarify the related data elements and their content	X AN 1/80
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M ID 2/3
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30
Not Used	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30

<b>Segment:</b>	<b>REF</b> Ambulatory Patient Group (APG)
<b>Position:</b>	470
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	4
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	1 REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Used at discretion of submitter.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 1S Ambulatory Patient Group (APG) Number	M ID 2/3
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Ambulatory Patient Group Number	X AN 1/30
Not Used	REF03	352	<b>Description</b> A free-form description to clarify the related data elements and their content	X AN 1/80
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M ID 2/3
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30
Not Used	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30

<b>Segment:</b>	<b>REF</b>	<b>Oxygen Flow Rate</b>
<b>Position:</b>	470	
<b>Loop:</b>	2400	Optional (Must Use)
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required on oxygen therapy certificate of medical necessity (CMN) claim where service line reports oxygen flow rate.	

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier TP Test Specification Number Oxygen Flow Rate	M ID 2/3
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Valid values are 1 - 999 liters per minute and X for less than 1 liter per minute.  NSF Reference: GX0-14.0	X AN 1/30
Not Used	REF03	352	INDUSTRY: Oxygen Flow Rate <b>Description</b> A free-form description to clarify the related data elements and their content	X AN 1/80
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M ID 2/3
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30
Not Used	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30

<b>Segment:</b>	<b>REF</b> Universal Product Number (UPN)
<b>Position:</b>	470
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	1 REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	X12N has been informed by HCFA that this information will be required on Medicare claims in the near future. It may also be required by some state Medicaid. This segment has been added to the 4010 implementation guide to allow providers to meet the Medicare/Medicaid requirements when they are implemented. When implemented by Medicare/Medicaid, the UPN is required on claim/encounters when an item/supply is being billed/reported that has an associated UPN included in the Health Care Uniform Code Council system or the Health Industry Business Communications Council system. See Appendix C for Code Source 41 and 522.

## Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier OZ Product Number Code Source 41 Use to indicate Health Care Uniform Code Council System. See Appendix C, code source 41. VP Vendor Product Number A unique number assigned by a vendor or manufacturer to identify its products Code Source 522 Use to indicate Health Industry Business Communications Council system. See Appendix C, code source 522.	<b>M ID 2/3</b>
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier NSF Reference: FA0-62.0 INDUSTRY: Universal Product Number	<b>X AN 1/30</b>
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b> A free-form description to clarify the related data elements and their content	<b>X AN 1/80</b>
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	<b>O</b>
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M ID 2/3</b>
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>M AN 1/30</b>
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as	<b>X AN 1/30</b>



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<b>Not Used</b>	<b>C04005</b>	<b>128</b>	specified by the Reference Identification Qualifier <b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

**Segment:** **AMT** Sales Tax Amount  
**Position:** 475  
**Loop:** 2400 Optional (Must Use)  
**Level:** Summary  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To indicate the total monetary amount  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:** Required if sales tax applies to service line and submitter is required to report that information to the receiver.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	AMT01	522	<b>Amount Qualifier Code</b> Code to qualify amount INDUSTRY: Amount Qualifier Code T Tax	<b>M ID 1/3</b>
Required	AMT02	782	<b>Monetary Amount</b> Monetary amount INDUSTRY: Sales Tax Amount	<b>M R 1/18</b>
Not Used	AMT03	478	<b>Credit/Debit Flag Code</b> Code indicating whether amount is a credit or debit	<b>O ID 1/1</b>

**Segment:** **AMT** **Approved Amount**

**Position:** 475

**Loop:** 2400 Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To indicate the total monetary amount

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Used primarily in payer-to-payer COB situations by the payer who is sending this claim to another payer. Providers (in a provider-to-payer COB situation) do not usually complete this information but may do so if the information is available.

The allowed amount equals the amount for the service line that was approved by the payer sending this 837 to another payer.

#### Data Element Summary

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>AMT01</b>	<b>522</b>	<b>Amount Qualifier Code</b>	<b>M ID 1/3</b>
			Code to qualify amount	
			INDUSTRY: Amount Qualifier Code	
			AAE Approved Amount	
<b>Required</b>	<b>AMT02</b>	<b>782</b>	<b>Monetary Amount</b>	<b>M R 1/18</b>
			Monetary amount	
			NSF Reference: FA0-51.0	
			INDUSTRY: Approved Amount	
<b>Not Used</b>	<b>AMT03</b>	<b>478</b>	<b>Credit/Debit Flag Code</b>	<b>O ID 1/1</b>
			Code indicating whether amount is a credit or debit	

**Segment:** **AMT** **Postage Claimed Amount**  
**Position:** 475  
**Loop:** 2400 Optional (Must Use)  
**Level:** Summary  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To indicate the total monetary amount  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:** Required if service line charge (SV102) includes postage amount claimed in this service line.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	AMT01	522	Amount Qualifier Code Code to qualify amount INDUSTRY: Amount Qualifier Code F4 Postage Claimed Monetary amount rightfully deserved for mailing	M ID 1/3
Required	AMT02	782	Monetary Amount Monetary amount INDUSTRY: Postage Claimed Amount	M R 1/18
Not Used	AMT03	478	Credit/Debit Flag Code Code indicating whether amount is a credit or debit	O ID 1/1

<b>Segment:</b>	<b>K3</b>	<b>File Information</b>
<b>Position:</b>	480	
<b>Loop:</b>	2400	Optional (Must Use)
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	10	
<b>Purpose:</b>	To transmit a fixed-format record or matrix contents	
<b>Syntax Notes:</b>		
<b>Semantic Notes:</b>	1 K303 identifies the value of the index.	
<b>Comments:</b>	1 The default for K302 is content.	
<b>Notes:</b>	This segment may only be required if a state concludes it must use the K3 to meet an emergency legislative requirement AND the administering state agency or other state organization has contacted the X12N workgroup, requested a review of the K3 data requirement to ensure there is not an existing method within the implementation guide to meet this requirement, and X12N determines that there is no method to meet the requirement. Only then may the state require the temporary use of the K3 to meet the requirement. X12N will submit the necessary data maintenance and refer the request to the appropriate data content committee.	

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>K301</b>	<b>449</b>	<b>Fixed Format Information</b> Data in fixed format agreed upon by sender and receiver NSF Reference: HA0-05.0	<b>M AN 1/80</b>
<b>Not Used</b>	<b>K302</b>	<b>1333</b>	INDUSTRY: Fixed Format Information <b>Record Format Code</b> Code specifying the format of information	<b>O ID 1/2</b>
<b>Not Used</b>	<b>K303</b>	<b>C001</b>	<b>Composite Unit of Measure</b> To identify a composite unit of measure (See Figures Appendix for examples of use)	<b>O</b>
<b>Not Used</b>	<b>C00101</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	<b>M ID 2/2</b>
<b>Not Used</b>	<b>C00102</b>	<b>1018</b>	<b>Exponent</b> Power to which a unit is raised	<b>O R 1/15</b>
<b>Not Used</b>	<b>C00103</b>	<b>649</b>	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	<b>O R 1/10</b>
<b>Not Used</b>	<b>C00104</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	<b>O ID 2/2</b>
<b>Not Used</b>	<b>C00105</b>	<b>1018</b>	<b>Exponent</b> Power to which a unit is raised	<b>O R 1/15</b>
<b>Not Used</b>	<b>C00106</b>	<b>649</b>	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	<b>O R 1/10</b>
<b>Not Used</b>	<b>C00107</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	<b>O ID 2/2</b>
<b>Not Used</b>	<b>C00108</b>	<b>1018</b>	<b>Exponent</b> Power to which a unit is raised	<b>O R 1/15</b>
<b>Not Used</b>	<b>C00109</b>	<b>649</b>	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	<b>O R 1/10</b>
<b>Not Used</b>	<b>C00110</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in	<b>O ID 2/2</b>

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<b>Not Used</b>	<b>C00111</b>	<b>1018</b>	which a measurement has been taken <b>Exponent</b>	<b>O R 1/15</b>
			Power to which a unit is raised	
<b>Not Used</b>	<b>C00112</b>	<b>649</b>	<b>Multiplier</b>	<b>O R 1/10</b>
			Value to be used as a multiplier to obtain a new value	
<b>Not Used</b>	<b>C00113</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b>	<b>O ID 2/2</b>
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	
<b>Not Used</b>	<b>C00114</b>	<b>1018</b>	<b>Exponent</b>	<b>O R 1/15</b>
			Power to which a unit is raised	
<b>Not Used</b>	<b>C00115</b>	<b>649</b>	<b>Multiplier</b>	<b>O R 1/10</b>
			Value to be used as a multiplier to obtain a new value	

**Segment:** **NTE** Line Note  
**Position:** 485  
**Loop:** 2400 Optional (Must Use)  
**Level:** Summary  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To transmit information in a free-form format, if necessary, for comment or special instruction

**Syntax Notes:****Semantic Notes:**

**Comments:** 1 The NTE segment permits free-form information/data which, under ANSI X12 standard implementations, is not machine processable. The use of the NTE segment should therefore be avoided, if at all possible, in an automated environment.

**Notes:** Required if submitter used a "not otherwise classified" (NOC) procedure code on this service line (use ADD in NTE01). Otherwise, use at providers discretion.

**Data Element Summary**

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>NTE01</b>	<b>363</b>	<b>Note Reference Code</b>	<b>O ID 3/3</b>
			Code identifying the functional area or purpose for which the note applies	
			INDUSTRY: Note Reference Code	
			ADD Additional Information	
			DCP Goals, Rehabilitation Potential, or Discharge Plans	
			PMT Payment	
			TPO Third Party Organization Notes	
<b>Required</b>	<b>NTE02</b>	<b>352</b>	<b>Description</b>	<b>M AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
			NSF Reference: HA0-05.0	
			INDUSTRY: Line Note Text	

**Segment:** **PS1** **Purchased Service Information**

**Position:** 488

**Loop:** 2400 Optional (Must Use)

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify the information about services that are purchased

**Syntax Notes:**

**Semantic Notes:**

- 1 PS101 is provider identification number.
- 2 PS102 is cost of the purchased service.
- 3 PS103 is the state where the service is purchased.

**Comments:**

**Notes:** Using the PS1 segment indicates that services were purchased from another source.

Required on service lines involving purchased services/tests if different than the information given at the claim level (Loop ID = 2310C).

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	PS101	127	<b>Reference Identification</b>	<b>M AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier ALIAS: Purchased Service Provider Identifier  NSF Reference: FB0-11.0	
Required	PS102	782	<b>Monetary Amount</b>	<b>M R 1/18</b>
			INDUSTRY: Purchased Service Provider Identifier Monetary amount ALIAS: Purchased Service Charge Amount  NSF Reference: FB0-05.0	
Not Used	PS103	156	<b>State or Province Code</b>	<b>O ID 2/2</b>
			INDUSTRY: Purchased Service Charge Amount Code (Standard State/Province) as defined by appropriate government agency	



<b>Segment:</b>	<b>HSD</b> Health Care Services Delivery
<b>Position:</b>	491
<b>Loop:</b>	2400 Optional (Must Use)
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify the delivery pattern of health care services
<b>Syntax Notes:</b>	<b>1</b> If either HSD01 or HSD02 is present, then the other is required. <b>2</b> If HSD06 is present, then HSD05 is required.
<b>Semantic Notes:</b>	
<b>Comments:</b>	
<b>Notes:</b>	<p>The HSD segment is used to specify the delivery pattern of the health care services. This is how it is used: HSD01 qualifies HSD02: If the value in HSD02=1 and the value in HSD01=VS (Visits), this means "one visit". Between HSD02 and HSD03 verbally insert a "per every." HSD03 qualifies HSD04: If the value in HSD04=3 and the value in HSD03=DA (Day), this means "three days." Between HSD04 and HSD05 verbally insert a "for." HSD05 qualifies HSD06: If the value in HSD06=21 and the value in HSD05=7 (Days), this means "21 days." The total message reads:  HSD*VS*1*DA*3*7*21~  = "One visit per every three days for 21 days."  Another similar data string of HSD*VS*2*DA*4*7*20~  = Two visits per every four days for 20 days.  An alternate way to use HSD is to employ HSD07 and/or HSD08. A data string of  HSD*VS*1*****SX*D~  means "1 visit on Wednesday and Thursday morning."</p> <p>Required on claims/encounters billing/reporting home health visits where further detail is necessary to clearly substantiate medical treatment and if information is different than that given at claim level (Loop ID-2300).</p>

## Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Situatio</b>	<b>HSD01</b>	<b>673</b>	<b>Quantity Qualifier</b>	<b>X ID 2/2</b>
			Code specifying the type of quantity Required if information is different than that given at claim level (Loop ID-2300).	
			INDUSTRY: Visits VS Visits	
<b>Situatio</b>	<b>HSD02</b>	<b>380</b>	<b>Quantity</b>	<b>X R 1/15</b>
			Numeric value of quantity HSD02 qualifies HSD01.	
			Required if information is different than that given at claim level (Loop ID-2300).	
			INDUSTRY: Number of Visits	
<b>Situatio</b>	<b>HSD03</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b>	<b>O ID 2/2</b>
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Required if information is different than that given at claim level (Loop ID-2300).	
			INDUSTRY: Frequency Period DA Days MO Months Month	

			Q1 WK	Quarter (Time) Week	
<b>Situatio</b>	<b>HSD04</b>	<b>1167</b>	<b>Sample Selection Modulus</b>		<b>O R 1/6</b>
			To specify the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every fifth bag, every 1.5 minutes Required if information is different than that given at claim level (Loop ID-2300).		
<b>Situatio</b>	<b>HSD05</b>	<b>615</b>	<b>Time Period Qualifier</b>		<b>X ID 1/2</b>
			INDUSTRY: Frequency Count Code defining periods Required if information is different than that given at claim level (Loop ID-2300).		
			INDUSTRY: Duration of Visits Units		
			7	Day	
			34	Month	
			35	Week	
<b>Situatio</b>	<b>HSD06</b>	<b>616</b>	<b>Number of Periods</b>		<b>O N0 1/3</b>
			Total number of periods Required if information is different than that given at claim level (Loop ID-2300).		
<b>Situatio</b>	<b>HSD07</b>	<b>678</b>	<b>Ship/Delivery or Calendar Pattern Code</b>		<b>O ID 1/2</b>
			INDUSTRY: Duration of Visits, Number of Units Code which specifies the routine shipments, deliveries, or calendar pattern Required if information is different than that given at claim level (Loop ID-2300).		
			INDUSTRY: Ship, Delivery or Calendar Pattern Code		
			1	1st Week of the Month	
			2	2nd Week of the Month	
			3	3rd Week of the Month	
			4	4th Week of the Month	
			5	5th Week of the Month	
			6	1st & 3rd Weeks of the Month	
			7	2nd & 4th Weeks of the Month	
			A	Monday through Friday	
			B	Monday through Saturday	
			C	Monday through Sunday	
			D	Monday	
			E	Tuesday	
			F	Wednesday	
			G	Thursday	
			H	Friday	
			J	Saturday	
			K	Sunday	
			L	Monday through Thursday	
			N	As Directed	
			O	Daily Mon. through Fri.	
			SA	Sunday, Monday, Thursday, Friday, Saturday	
			SB	Tuesday through Saturday	
			SC	Sunday, Wednesday, Thursday, Friday, Saturday	

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SD	Monday, Wednesday, Thursday, Friday, Saturday
SG	Tuesday through Friday
SL	Monday, Tuesday and Thursday
SP	Monday, Tuesday and Friday
SX	Wednesday and Thursday
SY	Monday, Wednesday and Thursday
SZ	Tuesday, Thursday and Friday
W	Whenever Necessary

**Situatio**      **HSD08**      **679**      **Ship/Delivery Pattern Time Code**      **O**      **ID 1/1**

Code which specifies the time for routine shipments or deliveries  
Required if information is different than that given at claim level (Loop ID-2300).

INDUSTRY: Delivery Pattern Time Code

D	A.M.
E	P.M.
F	As Directed

<b>Segment:</b>	<b>HCP</b>	<b>Line Pricing/Repricing Information</b>
<b>Position:</b>	492	
<b>Loop:</b>	2400	Optional (Must Use)
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To specify pricing or repricing information about a health care claim or line item	
<b>Syntax Notes:</b>	<b>1</b> At least one of HCP01 or HCP13 is required. <b>2</b> If either HCP09 or HCP10 is present, then the other is required. <b>3</b> If either HCP11 or HCP12 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> HCP02 is the allowed amount. <b>2</b> HCP03 is the savings amount. <b>3</b> HCP04 is the repricing organization identification number. <b>4</b> HCP05 is the pricing rate associated with per diem or flat rate repricing. <b>5</b> HCP06 is the approved DRG code. <b>6</b> HCP07 is the approved DRG amount. <b>7</b> HCP08 is the approved revenue code. <b>8</b> HCP10 is the approved procedure code. <b>9</b> HCP12 is the approved service units or inpatient days. <b>10</b> HCP13 is the rejection message returned from the third party organization. <b>11</b> HCP15 is the exception reason generated by a third party organization.	
<b>Comments:</b>	<b>1</b> HCP06, HCP07, HCP08, HCP10, and HCP12 are fields that will contain different values from the original submitted values.	
<b>Notes:</b>	Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.	

#### Data Element Summary

Ref.	Data		
Des.	Element	Name	Attributes
Required	HCP01	1473 Pricing Methodology	X ID 2/2
Code specifying pricing methodology at which the claim or line item has been priced or repriced			
Trading partners need to agree on the codes to use in this element. There do not appear to be standard definitions for the code elements.			
Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.			
ALIAS: Pricing/repricing methodology			
INDUSTRY: Pricing Methodology			
	00	Zero Pricing (Not Covered Under Contract)	
	01	Priced as Billed at 100%	
	02	Priced at the Standard Fee Schedule	
	03	Priced at a Contractual Percentage	
	04	Bundled Pricing	
	05	Peer Review Pricing	
	06	Per Diem Pricing	
	07	Flat Rate Pricing	
	08	Combination Pricing	
	09	Maternity Pricing	
	10	Other Pricing	
	11	Lower of Cost	
	12	Ratio of Cost	
	13	Cost Reimbursed	
	14	Adjustment Pricing	

DRAFT Required	HCP02	782	<b>Monetary Amount</b> Monetary amount Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.  ALIAS: Pricing/Repricing Allowed Amount	<b>O R 1/18</b>
Situatio	HCP03	782	INDUSTRY: Repriced Allowed Amount <b>Monetary Amount</b> Monetary amount Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.  ALIAS: Pricing/Repricing Savings Amount	<b>O R 1/18</b>
Situatio	HCP04	127	INDUSTRY: Repriced Saving Amount <b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.  ALIAS: Pricing/Repricing Identification Number	<b>O AN 1/30</b>
Situatio	HCP05	118	INDUSTRY: Repricing Organization Identifier <b>Rate</b> Rate expressed in the standard monetary denomination for the currency specified Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.  ALIAS: Pricing/Repricing Rate	<b>O R 1/9</b>
Situatio	HCP06	127	INDUSTRY: Repricing Per Diem or Flat Rate Amount <b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.  ALIAS: Approved APG code, Pricing	<b>O AN 1/30</b>
Situatio	HCP07	782	INDUSTRY: Repriced Approved Ambulatory Patient Group Code <b>Monetary Amount</b> Monetary amount Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.  ALIAS: Approved APG amount, Pricing	<b>O R 1/18</b>
Not Used	HCP08	234	INDUSTRY: Repriced Approved Ambulatory Patient Group Amount <b>Product/Service ID</b> Identifying number for a product or service	<b>O AN 1/48</b>
Situatio	HCP09	235	<b>Product/Service ID Qualifier</b> Code identifying the type/source of the descriptive number used in Product/Service ID (234) Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.	<b>X ID 2/2</b>

## INDUSTRY: Product or Service ID Qualifier

HC Health Care Financing Administration Common  
Procedural Coding System (HCPCS) Codes  
HCFA coding scheme to group procedure(s) performed  
on an outpatient basis for payment to hospital under  
Medicare; primarily used for ambulatory surgical and  
other diagnostic departments  
Because the AMA's CPT codes are also level 1 HCPCS  
codes, they are reported under HC.

IV Home Infusion EDI Coalition (HIEC) Product/Service  
Code

ZZ Mutually Defined  
Jurisdictionally Defined Procedure and Supply Codes.  
(Used for Worker's Compensation claims). Contact your  
local (State) Jurisdiction for a list of these codes.

**Situatio HCP10 234 Product/Service ID X AN 1/48**

Identifying number for a product or service

Used only by repricers as needed. This information is specific to the  
destination payer reported in the 2010BB loop.

ALIAS: Pricing/Repricing Approved Procedure Code

**Situatio HCP11 355 Unit or Basis for Measurement Code X ID 2/2**

Code specifying the units in which a value is being expressed, or manner in  
which a measurement has been taken

Used only by repricers as needed. This information is specific to the  
destination payer reported in the 2010BB loop.

INDUSTRY: Unit or Basis for Measurement Code

DA Days

UN Unit

**Situatio HCP12 380 Quantity X R 1/15**

Numeric value of quantity

Used only by repricers as needed. This information is specific to the  
destination payer reported in the 2010BB loop.

ALIAS: Pricing/Repricing Approved Units or Inpatient Days

**Situatio HCP13 901 Reject Reason Code X ID 2/2**

INDUSTRY: Repriced Approved Service Unit Count

Code assigned by issuer to identify reason for rejection

Used only by repricers as needed. This information is specific to the  
destination payer reported in the 2010BB loop.

ALIAS: Reject reason code

INDUSTRY: Reject Reason Code

T1 Cannot Identify Provider as TPO (Third Party  
Organization) Participant

T2 Cannot Identify Payer as TPO (Third Party Organization)  
Participant

T3 Cannot Identify Insured as TPO (Third Party  
Organization) Participant

T4 Payer Name or Identifier Missing

T5 Certification Information Missing

T6 Claim does not contain enough information for re-pricing

**Policy Compliance Code**

Code specifying policy compliance

Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

ALIAS: Policy compliance code

INDUSTRY: Policy Compliance Code

- 1 Procedure Followed (Compliance)
- 2 Not Followed - Call Not Made (Non-Compliance Call Not Made)
- 3 Not Medically Necessary (Non-Compliance Non-Medically Necessary)
- 4 Not Followed Other (Non-Compliance Other)
- 5 Emergency Admit to Non-Network Hospital

**Exception Code**

Code specifying the exception reason for consideration of out-of-network health care services

Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

ALIAS: Exception code

INDUSTRY: Exception Code

- 1 Non-Network Professional Provider in Network Hospital
- 2 Emergency Care
- 3 Services or Specialist not in Network
- 4 Out-of-Service Area
- 5 State Mandates
- 6 Other

<b>Segment:</b>	<b>NM1</b>	<b>Rendering Provider Name</b>
<b>Position:</b>	500	
<b>Loop:</b>	2420A	Optional
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To supply the full name of an individual or organizational entity	
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.	
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.	
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.	
<b>Notes:</b>	Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.	

Required if the Rendering Provider NM1 information is different than that carried in the 2310B (claim) loop, or if the Rendering provider information is carried at the Billing/Pay-to Provider loop level (2010AA/AB) and this particular service line has a different Rendering Provider that what is given in the 2010AA/AB loop. The identifying payer-specific numbers are those that belong to the destination payer identified in loop 2010BB.

Used for all types of rendering providers including laboratories. The Rendering Provider is the person or company (laboratory or other facility) who rendered the care. In the case where a substitute provider (locum tenans) was used, that person should be entered here.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual The entity identifier in NM101 applies to all segments in this iteration of Loop ID-2420.  INDUSTRY: Entity Identifier Code 82 Rendering Provider	<b>M ID 2/3</b>
Required	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person 2 Non-Person Entity	<b>M ID 1/1</b>
Required	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name ALIAS: Rendering Provider Last Name  NSF Reference: FB1-14.0	<b>O AN 1/35</b>
Situatio	NM104	1036	INDUSTRY: Rendering Provider Last or Organization Name <b>Name First</b> Individual first name Required if NM102=1 (person).  ALIAS: Rendering Provider First Name  NSF Reference: FB1-15.0	<b>O AN 1/25</b>



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<b>Situatio</b>	<b>NM105</b>	<b>1037</b>	INDUSTRY: Rendering Provider First Name <b>Name Middle</b> Individual middle name or initial Required if NM102=1 and the middle name/initial of the person is known.  ALIAS: Rendering Provider Middle Name  NSF Reference: FB1-16.0	<b>O</b>	<b>AN 1/25</b>
<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	INDUSTRY: Rendering Provider Middle Name <b>Name Prefix</b> Prefix to individual name	<b>O</b>	<b>AN 1/10</b>
<b>Situatio</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name Required if known.  ALIAS: Rendering Provider Generation	<b>O</b>	<b>AN 1/10</b>
<b>Required</b>	<b>NM108</b>	<b>66</b>	INDUSTRY: Rendering Provider Name Suffix <b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) NSF Reference: FA0-57.0  INDUSTRY: Identification Code Qualifier 24 Employer's Identification Number 34 Social Security Number Social Security Number cannot be used for Medicare claims. XX Health Care Financing Administration National Provider Identifier	<b>X</b>	<b>ID 1/2</b>
<b>Required</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code ALIAS: Rendering Provider Primary Identifier  NSF Reference: FA0-23.0, FA0-58.0	<b>X</b>	<b>AN 2/80</b>
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	INDUSTRY: Rendering Provider Identifier <b>Entity Relationship Code</b> Code describing entity relationship	<b>X</b>	<b>ID 2/2</b>
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	<b>O</b>	<b>ID 2/3</b>

**Segment:** **PRV** **Rendering Provider Specialty Information**  
**Position:** 505  
**Loop:** 2420A Optional  
**Level:** Summary  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the identifying characteristics of a provider  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:** PRV02 qualifies PRV03.

Data Element Summary				
	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>PRV01</b>	<b>1221</b>	<b>Provider Code</b>	<b>M ID 1/3</b>
			Code identifying the type of provider	
			INDUSTRY: Provider Code	
			PE Performing	
<b>Required</b>	<b>PRV02</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: <a href="http://www.wpc-edi.com">http://www.wpc-edi.com</a> . This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.	
			INDUSTRY: Reference Identification Qualifier	
			ZZ Mutually Defined	
			Health Care Provider Taxonomy Code list	
<b>Required</b>	<b>PRV03</b>	<b>127</b>	<b>Reference Identification</b>	<b>M AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			ALIAS: Provider Specialty Code	
			Provider Specialty Code	
			NSF Reference: FA0-37.0	
			INDUSTRY: Provider Taxonomy Code	
<b>Not Used</b>	<b>PRV04</b>	<b>156</b>	<b>State or Province Code</b>	<b>O ID 2/2</b>
			Code (Standard State/Province) as defined by appropriate government agency	
<b>Not Used</b>	<b>PRV05</b>	<b>C035</b>	<b>Provider Specialty Information</b>	<b>O</b>
			To provide provider specialty information	
<b>Not Used</b>	<b>C03501</b>	<b>1222</b>	<b>Provider Specialty Code</b>	<b>M AN 1/3</b>
			Code indicating the primary specialty of the provider, as defined by the receiver	
<b>Not Used</b>	<b>C03502</b>	<b>559</b>	<b>Agency Qualifier Code</b>	<b>O ID 2/2</b>
			Code identifying the agency assigning the code values	
<b>Not Used</b>	<b>C03503</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>O ID 1/1</b>
			Code indicating a Yes or No condition or response	
<b>Not Used</b>	<b>PRV06</b>	<b>1223</b>	<b>Provider Organization Code</b>	<b>O ID 3/3</b>
			Code identifying the organizational structure of a provider	

**Segment:** **N2 Additional Rendering Provider Name Information**

**Position:** 510

**Loop:** 2420A Optional

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b><u>Name</u></b>	<b><u>Attributes</u></b>
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b> Free-form name ALIAS: Rendering Provider Additional Name Information	<b>M AN 1/60</b>
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b> INDUSTRY: Rendering Provider Name Additional Text Free-form name	<b>O AN 1/60</b>

<b>Segment:</b>	<b>REF</b>	<b>Rendering Provider Secondary Identification</b>
<b>Position:</b>	525	
<b>Loop:</b>	2420A	Optional
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	5	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.	

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			INDUSTRY: Reference Identification Qualifier	
			0B State License Number	
			1B Blue Shield Provider Number	
			1C Medicare Provider Number	
			1D Medicaid Provider Number	
			1G Provider UPIN Number	
			1H CHAMPUS Identification Number	
			EI Employer's Identification Number	
			G2 Provider Commercial Number	
			A unique number assigned to a provider by a commercial insurer	
			LU Location Number	
			N5 Provider Plan Network Identification Number	
			A number assigned to identify a specific provider in a health care plan network	
			SY Social Security Number	
			The social security number may not be used for Medicare.	
			X5 State Industrial Accident Provider Number	
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			ALIAS: Rendering Provider Secondary Identifier	
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b>	<b>O</b>
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b>	<b>M AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	

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<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X</b>	<b>ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X</b>	<b>AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X</b>	<b>ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X</b>	<b>AN 1/30</b>

<b>Segment:</b>	<b>NM1</b> Purchased Service Provider Name
<b>Position:</b>	500
<b>Loop:</b>	2420B Optional
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required if purchased services are being billed/reported on this claim. Purchased services are situations where (for example) a physician purchases a diagnostic exam from an outside entity. Purchased services do not include substitute (locum tenens) provider situations. All payer-specific identifying numbers belong to the destination payer identified in the 2010BB loop.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>NM101</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual The entity identifier in NM101 applies to all segments in this iteration of Loop ID-2420.  INDUSTRY: Entity Identifier Code QB Purchase Service Provider Entity from which medical supplies may be bought	<b>M ID 2/3</b>
<b>Required</b>	<b>NM102</b>	<b>1065</b>	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person 2 Non-Person Entity	<b>M ID 1/1</b>
<b>Not Used</b>	<b>NM103</b>	<b>1035</b>	<b>Name Last or Organization Name</b> Individual last name or organizational name	<b>O AN 1/35</b>
<b>Not Used</b>	<b>NM104</b>	<b>1036</b>	<b>Name First</b> Individual first name	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM105</b>	<b>1037</b>	<b>Name Middle</b> Individual middle name or initial	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	<b>Name Prefix</b> Prefix to individual name	<b>O AN 1/10</b>
<b>Not Used</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name	<b>O AN 1/10</b>
<b>Situatio</b>	<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.  INDUSTRY: Identification Code Qualifier	<b>X ID 1/2</b>

DRAFT

24 Employer's Identification Number  
34 Social Security Number  
XX Health Care Financing Administration National Provider Identifier

**Situatio NM109 67 Identification Code X AN 2/80**

Code identifying a party or other code

Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.

ALIAS: Purchased Service Provider's Primary Identification Number

NSF Reference: FB0-11.0

**Not Used NM110 706 INDUSTRY: Purchased Service Provider Identifier  
Entity Relationship Code X ID 2/2**

Code describing entity relationship

**Not Used NM111 98 Entity Identifier Code O ID 2/3**

Code identifying an organizational entity, a physical location, property or an individual

<b>Segment:</b>	<b>REF</b>	<b>Purchased Service Provider Secondary Identification</b>
<b>Position:</b>	525	
<b>Loop:</b>	2420B	Optional
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	5	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.	

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
Code qualifying the Reference Identification				
INDUSTRY: Reference Identification Qualifier				
		0B	State License Number	
		1A	Blue Cross Provider Number	
		1B	Blue Shield Provider Number	
		1C	Medicare Provider Number	
		1D	Medicaid Provider Number	
		1G	Provider UPIN Number	
		1H	CHAMPUS Identification Number	
		EI	Employer's Identification Number	
		G2	Provider Commercial Number	
			A unique number assigned to a provider by a commercial insurer	
		LU	Location Number	
		N5	Provider Plan Network Identification Number	
			A number assigned to identify a specific provider in a health care plan network	
		SY	Social Security Number	
			The social security number may not be used for Medicare.	
		U3	Unique Supplier Identification Number (USIN)	
		X5	State Industrial Accident Provider Number	
Required	REF02	127	<b>Reference Identification</b>	<b>X AN 1/30</b>
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
ALIAS: Purchased Service Provider Secondary Identifier				
NSF Reference: FB0-11.0				
Not Used	REF03	352	<b>Description</b>	<b>X AN 1/80</b>
A free-form description to clarify the related data elements and their content				
Not Used	REF04	C040	<b>Reference Identifier</b>	<b>O</b>
To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier				
Not Used	C04001	128	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>



DRAFT

			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b>	<b>M</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

<b>Segment:</b>	<b>NM1</b> Service Facility Location
<b>Position:</b>	500
<b>Loop:</b>	2420C Optional
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required when the location of health care service for this service line is different than that carried in the 2010AA (Billing Provider), 2010AB (Pay-to Provider), or 2310D Service Facility Location loops. All payer-specific identifying numbers belong to the destination payer identified in the 2010BB loop.

Data Element Summary				
	Ref.	Data		
	Des.	Element	Name	Attributes
Required	NM101	98	Entity Identifier Code	M ID 2/3
			Code identifying an organizational entity, a physical location, property or an individual	
			The entity identifier in NM101 applies to all segments in this iteration of Loop ID-2420.	
			INDUSTRY: Entity Identifier Code	
			77 Service Location	
			Use when other codes in this element do not apply.	
			FA Facility	
			LI Independent Lab	
			Outside laboratory which provides test results for entity providing medical services	
			TL Testing Laboratory	
Required	NM102	1065	Entity Type Qualifier	M ID 1/1
			Code qualifying the type of entity	
			INDUSTRY: Entity Type Qualifier	
			2 Non-Person Entity	
Situatio	NM103	1035	Name Last or Organization Name	O AN 1/35
			Individual last name or organizational name	
			Required except when service was rendered in the patient's home.	
			ALIAS: Service Facility Location Name	
			NSF Reference: GX0-25.0	
Not Used	NM104	1036	INDUSTRY: Laboratory or Facility Name Name First	O AN 1/25
			Individual first name	
Not Used	NM105	1037	Name Middle	O AN 1/25
			Individual middle name or initial	
Not Used	NM106	1038	Name Prefix	O AN 1/10
			Prefix to individual name	

DRAFT

<b>Not Used</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name	<b>O AN 1/10</b>
<b>Situatio</b>	<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) Required if either Employer's Identification/Social Security Number (tax ID of service location) or National Provider Identifier is known.  INDUSTRY: Identification Code Qualifier 24 Employer's Identification Number 34 Social Security Number Do not use for Medicare claims. XX Health Care Financing Administration National Provider Identifier	<b>X ID 1/2</b>
<b>Situatio</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code Required if either Employer's Identification/Social Security Number (tax ID of service location) or National Provider Identifier is known.  ALIAS: Service Facility Location Identification Number	<b>X AN 2/80</b>
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	INDUSTRY: Laboratory or Facility Primary Identifier <b>Entity Relationship Code</b> Code describing entity relationship	<b>X ID 2/2</b>
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	<b>O ID 2/3</b>

**Segment:** **N2** Additional Service Facility Location Name Information

**Position:** 510

**Loop:** 2420C Optional

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b><u>Name</u></b>	<b><u>Attributes</u></b>
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b> Free-form name ALIAS: Service Facility Location Additional Name	<b>M AN 1/60</b>
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b> Free-form name INDUSTRY: Laboratory or Facility Name Additional Text	<b>O AN 1/60</b>

**Segment:** **N3 Service Facility Location Address**  
**Position:** 514  
**Loop:** 2420C Optional  
**Level:** Summary  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:** If service facility location is in an area where there are no street addresses, enter a description of where the service was rendered (e.g., "crossroad of State Road 34 and 45" or "Exit near Mile marker 265 on Interstate 80".)

Data Element Summary				
	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>N301</b>	<b>166</b>	<b>Address Information</b>	<b>M AN 1/55</b>
			Address information	
			ALIAS: Service Facility Location Address 1	
			NSF Reference: GX2-04.0	
<b>Situatio</b>	<b>N302</b>	<b>166</b>	<b>Address Information</b>	<b>O AN 1/55</b>
			Address information	
			Required if a second address line exists.	
			ALIAS: Service Facility Location Address 2	
			NSF Reference: GX2-05.0	
			INDUSTRY: Laboratory or Facility Address Line	

<b>Segment:</b>	<b>N4 Service Facility Location City/State/ZIP</b>
<b>Position:</b>	520
<b>Loop:</b>	2420C Optional
<b>Level:</b>	Summary
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	1
<b>Purpose:</b>	To specify the geographic place of the named party
<b>Syntax Notes:</b>	1 If N406 is present, then N405 is required.
<b>Semantic Notes:</b>	
<b>Comments:</b>	1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location. 2 N402 is required only if city name (N401) is in the U.S. or Canada.
<b>Notes:</b>	If service facility location is in an area where there are no street addresses, enter the name of the nearest town, state and zip of where the service was rendered.

Data Element Summary				
	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>N401</b>	<b>19</b>	<b>City Name</b> Free-form text for city name ALIAS: Service Facility Location City  NSF Reference: GX2-06.0	<b>O AN 2/30</b>
<b>Required</b>	<b>N402</b>	<b>156</b>	INDUSTRY: Laboratory or Facility City Name <b>State or Province Code</b> Code (Standard State/Province) as defined by appropriate government agency ALIAS: Service Facility Location State  NSF Reference: GX2-07.0	<b>O ID 2/2</b>
<b>Required</b>	<b>N403</b>	<b>116</b>	INDUSTRY: Laboratory or Facility State or Province Code <b>Postal Code</b> Code defining international postal zone code excluding punctuation and blanks (zip code for United States) ALIAS: Service Facility Location ZIP Code  NSF Reference: GX2-08.0	<b>O ID 3/15</b>
<b>Situatio</b>	<b>N404</b>	<b>26</b>	INDUSTRY: Laboratory or Facility Postal Zone or ZIP Code <b>Country Code</b> Code identifying the country Required if the address is out of the U.S.  ALIAS: Service Facility Location Country Code	<b>O ID 2/3</b>
<b>Not Used</b>	<b>N405</b>	<b>309</b>	INDUSTRY: Country Code <b>Location Qualifier</b> Code identifying type of location	<b>X ID 1/2</b>
<b>Not Used</b>	<b>N406</b>	<b>310</b>	<b>Location Identifier</b> Code which identifies a specific location	<b>O AN 1/30</b>

<b>Segment:</b>	<b>REF</b>	<b>Service Facility Location Secondary Identification</b>
<b>Position:</b>	525	
<b>Loop:</b>	2420C	Optional
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	5	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.	

Data Element Summary				
	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			INDUSTRY: Reference Identification Qualifier	
			0B State License Number	
			1A Blue Cross Provider Number	
			1B Blue Shield Provider Number	
			1C Medicare Provider Number	
			1D Medicaid Provider Number	
			1G Provider UPIN Number	
			1H CHAMPUS Identification Number	
			G2 Provider Commercial Number	
			A unique number assigned to a provider by a commercial insurer	
			LU Location Number	
			N5 Provider Plan Network Identification Number	
			A number assigned to identify a specific provider in a health care plan network	
			TJ Federal Taxpayer's Identification Number	
			X4 Clinical Laboratory Improvement Amendment Number	
			X5 State Industrial Accident Provider Number	
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			ALIAS: Service Facility Location Secondary Identification Number	
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b>	<b>O</b>
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b>	<b>M AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X ID 2/3</b>

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			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		



<b>Segment:</b>	<b>NM1</b> Supervising Provider Name
<b>Position:</b>	500
<b>Loop:</b>	2420D Optional
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required when rendering provider is supervised by a physician and the supervising physician is different than that listed at the claim level for this service line. All paye-specific identifying numbers belong to the destination payer identified in loop 2010BB.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>NM101</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code DQ Supervising Physician	<b>M ID 2/3</b>
<b>Required</b>	<b>NM102</b>	<b>1065</b>	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person	<b>M ID 1/1</b>
<b>Required</b>	<b>NM103</b>	<b>1035</b>	<b>Name Last or Organization Name</b> Individual last name or organizational name ALIAS: Supervising Provider Last Name  NSF Reference: FB1-18.0	<b>O AN 1/35</b>
<b>Required</b>	<b>NM104</b>	<b>1036</b>	INDUSTRY: Supervising Provider Last Name <b>Name First</b> Individual first name ALIAS: Supervising Provider First Name  NSF Reference: FB1-19.0	<b>O AN 1/25</b>
<b>Situatio</b>	<b>NM105</b>	<b>1037</b>	INDUSTRY: Supervising Provider First Name <b>Name Middle</b> Individual middle name or initial Required if NM102=1 and the middle name/initial of the person is known.  ALIAS: Supervising Provider Middle Name  NSF Reference: FB1-20.0	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	INDUSTRY: Supervising Provider Middle Name <b>Name Prefix</b> Prefix to individual name	<b>O AN 1/10</b>

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<b>Situatio</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name Required if known.  ALIAS: Supervising Provider Generation	<b>O AN 1/10</b>
<b>Situatio</b>	<b>NM108</b>	<b>66</b>	INDUSTRY: Supervising Provider Name Suffix <b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) Required if either Employer's Identification/Social Security Number (Supervising provider's tax ID) or National Provider Identifier is known.  INDUSTRY: Identification Code Qualifier 24 Employer's Identification Number 34 Social Security Number The social security number may not be used for Medicare. XX Health Care Financing Administration National Provider Identifier	<b>X ID 1/2</b>
<b>Situatio</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code Required if either Employer's Identification/Social Security Number (Supervising provider's tax ID) or National Provider Identifier is known.  ALIAS: Supervising Provider's Identification Number  NSF Reference: FB1-21.0	<b>X AN 2/80</b>
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	INDUSTRY: Supervising Provider Identifier <b>Entity Relationship Code</b> Code describing entity relationship	<b>X ID 2/2</b>
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	<b>O ID 2/3</b>

**Segment:** **N2 Additional Supervising Provider Name Information**

**Position:** 510

**Loop:** 2420D Optional

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b><u>Name</u></b>	<b><u>Attributes</u></b>
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b> Free-form name ALIAS: Supervising Provider Additional Name Information	<b>M AN 1/60</b>
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b> INDUSTRY: Supervising Provider Name Additional Text Free-form name	<b>O AN 1/60</b>

<b>Segment:</b>	<b>REF</b>	<b>Supervising Provider Secondary Identification</b>
<b>Position:</b>	525	
<b>Loop:</b>	2420D	Optional
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	5	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.	

Data Element Summary				
	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			INDUSTRY: Reference Identification Qualifier	
			0B State License Number	
			1B Blue Shield Provider Number	
			1C Medicare Provider Number	
			1D Medicaid Provider Number	
			1G Provider UPIN Number	
			1H CHAMPUS Identification Number	
			EI Employer's Identification Number	
			G2 Provider Commercial Number	
			A unique number assigned to a provider by a commercial insurer	
			LU Location Number	
			N5 Provider Plan Network Identification Number	
			A number assigned to identify a specific provider in a health care plan network	
			SY Social Security Number	
			The social security number may not be used for Medicare.	
			X5 State Industrial Accident Provider Number	
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			ALIAS: Supervising Provider Secondary Identifier	
			NSF Reference: FB1-21.0	
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b>	<b>O</b>
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b>	<b>M AN 1/30</b>

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			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

<b>Segment:</b>	<b>NM1</b>	<b>Ordering Provider Name</b>
<b>Position:</b>	500	
<b>Loop:</b>	2420E	Optional
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	To supply the full name of an individual or organizational entity	
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.	
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.	
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.	
<b>Notes:</b>	Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.	

Required if a service or supply was ordered by a provider and that provider is a different entity than the rendering provider for this service line. All payer-specific identifiers belong to the destination payer identified in the 2010BB loop.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual The entity identifier in NM101 applies to all segments in this iteration of Loop ID-2420.  INDUSTRY: Entity Identifier Code DK Ordering Physician	<b>M ID 2/3</b>
Required	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person	<b>M ID 1/1</b>
Required	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name ALIAS: Ordering Provider Last Name  NSF Reference: FB1-06.0	<b>O AN 1/35</b>
Required	NM104	1036	<b>Name First</b> Individual first name ALIAS: Ordering Provider First Name  NSF Reference: FB1-07.0	<b>O AN 1/25</b>
Situatio	NM105	1037	<b>Name Middle</b> Individual middle name or initial Required if NM102=1 and the middle name/initial of the person is known.  ALIAS: Ordering Provider Middle Name  NSF Reference: FB1-08.0  INDUSTRY: Ordering Provider Middle Name	<b>O AN 1/25</b>

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<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	<b>Name Prefix</b> Prefix to individual name	<b>O</b>	<b>AN 1/10</b>
<b>Situatio</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name Required if known.	<b>O</b>	<b>AN 1/10</b>
			ALIAS: Ordering Provider Generation		
<b>Situatio</b>	<b>NM108</b>	<b>66</b>	INDUSTRY: Ordering Provider Name Suffix <b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) Required if either Employer's Identification/Social Security Number (Ordering provider's tax ID) or National Provider Identifier is known.	<b>X</b>	<b>ID 1/2</b>
			INDUSTRY: Identification Code Qualifier 24 Employer's Identification Number 34 Social Security Number The social security number may not be used for Medicare. XX Health Care Financing Administration National Provider Identifier		
<b>Situatio</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code Required if either Employer's Identification/Social Security Number (Ordering provider's tax ID) or National Provider Identifier is known.	<b>X</b>	<b>AN 2/80</b>
			ALIAS: Ordering Provider Primary Identifier		
			NSF Reference: FB0-09.0, FB1-09.0, GX0-29.0		
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	INDUSTRY: Ordering Provider Identifier <b>Entity Relationship Code</b> Code describing entity relationship	<b>X</b>	<b>ID 2/2</b>
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	<b>O</b>	<b>ID 2/3</b>

**Segment:** **N2** Additional Ordering Provider Name Information

**Position:** 510

**Loop:** 2420E Optional

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b><u>Name</u></b>	<b><u>Attributes</u></b>
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b> Free-form name ALIAS: Ordering Provider Additional Name Information	<b>M AN 1/60</b>
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b> INDUSTRY: Ordering Provider Name Additional Text Free-form name	<b>O AN 1/60</b>



**Segment:** **N3** **Ordering Provider Address**

**Position:** 514

**Loop:** 2420E Optional

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify the location of the named party

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required when a Durable Medical Equipment Regional Carrier Certificate of Medical Necessity (Medicare DMERC CMN) is used on service line for Medicare claims.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	N301	166	<b>Address Information</b> Address information ALIAS: Ordering Provider Address 1  NSF Reference: FB2-06.0	<b>M</b> AN 1/55
Situatio	N302	166	INDUSTRY: Ordering Provider Address Line <b>Address Information</b> Address information Required if a second address line exists.  ALIAS: Ordering Provider Address 2  NSF Reference: FB2-07.0  INDUSTRY: Ordering Provider Address Line	<b>O</b> AN 1/55

**Segment:** **N4** Ordering Provider City/State/ZIP Code

**Position:** 520

**Loop:** 2420E Optional

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify the geographic place of the named party

**Syntax Notes:** 1 If N406 is present, then N405 is required.

**Semantic Notes:**

**Comments:** 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.

2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** Required when a Durable Medical Equipment Regional Carrier Certificate of Medical Necessity (Medicare DMERC CMN) is used on service line for Medicare claims.

Data Element Summary				
	Ref. Des.	Data Element	Name	Attributes
Required	N401	19	City Name Free-form text for city name ALIAS: Ordering Provider City  NSF Reference: FB2-08.0	O AN 2/30
Required	N402	156	INDUSTRY: Ordering Provider City Name State or Province Code Code (Standard State/Province) as defined by appropriate government agency ALIAS: Ordering Provider State  NSF Reference: FB0-10.0, FB2-09.0	O ID 2/2
Required	N403	116	INDUSTRY: Ordering Provider State Code Postal Code Code defining international postal zone code excluding punctuation and blanks (zip code for United States) ALIAS: Ordering Provider Zip Code  NSF Reference: FB2-10.0	O ID 3/15
Situatio	N404	26	INDUSTRY: Ordering Provider Postal Zone or ZIP Code Country Code Code identifying the country Required if the address is out of the U.S.  ALIAS: Ordering Provider Country Code	O ID 2/3
Not Used	N405	309	INDUSTRY: Country Code Location Qualifier Code identifying type of location	X ID 1/2
Not Used	N406	310	Location Identifier Code which identifies a specific location	O AN 1/30

<b>Segment:</b>	<b>REF</b>	<b>Ordering Provider Secondary Identification</b>
<b>Position:</b>	525	
<b>Loop:</b>	2420E	Optional
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	5	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.	

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			INDUSTRY: Reference Identification Qualifier	
			0B State License Number	
			1B Blue Shield Provider Number	
			1C Medicare Provider Number	
			1D Medicaid Provider Number	
			1G Provider UPIN Number	
			1H CHAMPUS Identification Number	
			EI Employer's Identification Number	
			G2 Provider Commercial Number	
			A unique number assigned to a provider by a commercial insurer	
			LU Location Number	
			N5 Provider Plan Network Identification Number	
			A number assigned to identify a specific provider in a health care plan network	
			SY Social Security Number	
			The social security number may not be used for Medicare.	
			X5 State Industrial Accident Provider Number	
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			ALIAS: Ordering Provider Secondary Identifier	
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b>	<b>O</b>
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b>	<b>M AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	

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<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X</b>	<b>ID 2/3</b>
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X</b>	<b>AN 1/30</b>
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>X</b>	<b>ID 2/3</b>
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X</b>	<b>AN 1/30</b>

**Segment:****PER Ordering Provider Contact Information****Position:**

530

**Loop:**

2420E Optional

**Level:**

Summary

**Usage:**

Optional

**Max Use:**

1

**Purpose:**

To identify a person or office to whom administrative communications should be directed

**Syntax Notes:**

- 1** If either PER03 or PER04 is present, then the other is required.
- 2** If either PER05 or PER06 is present, then the other is required.
- 3** If either PER07 or PER08 is present, then the other is required.

**Semantic Notes:****Comments:****Notes:**

When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g., (534) 224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.

Required when services involving an oxygen therapy certificate of medical necessity (CMN) is being billed/reported on this service line.

By definition of the standard, if PER03 is used, PER04 is required.

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>PER01</b>	<b>366</b>	<b>Contact Function Code</b> Code identifying the major duty or responsibility of the person or group named INDUSTRY: Contact Function Code IC Information Contact	<b>M ID 2/2</b>
<b>Required</b>	<b>PER02</b>	<b>93</b>	<b>Name</b> Free-form name INDUSTRY: Ordering Provider Contact Name	<b>O AN 1/60</b>
<b>Required</b>	<b>PER03</b>	<b>365</b>	<b>Communication Number Qualifier</b> Code identifying the type of communication number INDUSTRY: Communication Number Qualifier EM Electronic Mail FX Facsimile TE Telephone	<b>X ID 2/2</b>
<b>Required</b>	<b>PER04</b>	<b>364</b>	<b>Communication Number</b> Complete communications number including country or area code when applicable NSF Reference: GX0-30.0, GU0-23.0	<b>X AN 1/80</b>
<b>Situatio</b>	<b>PER05</b>	<b>365</b>	INDUSTRY: Communication Number <b>Communication Number Qualifier</b> Code identifying the type of communication number Used at discretion of submitter. INDUSTRY: Communication Number Qualifier EM Electronic Mail EX Telephone Extension FX Facsimile	<b>X ID 2/2</b>

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			TE	Telephone		
<b>Situatio</b>	<b>PER06</b>	<b>364</b>	<b>Communication Number</b>		<b>X</b>	<b>AN 1/80</b>
			Complete communications number including country or area code when applicable			
			Used at discretion of submitter.			
<b>Situatio</b>	<b>PER07</b>	<b>365</b>	<b>Communication Number Qualifier</b>		<b>X</b>	<b>ID 2/2</b>
			INDUSTRY: Communication Number			
			Code identifying the type of communication number			
			Used at discretion of submitter.			
			INDUSTRY: Communication Number Qualifier			
			EM	Electronic Mail		
			EX	Telephone Extension		
			FX	Facsimile		
			TE	Telephone		
<b>Situatio</b>	<b>PER08</b>	<b>364</b>	<b>Communication Number</b>		<b>X</b>	<b>AN 1/80</b>
			Complete communications number including country or area code when applicable			
			Used at discretion of submitter.			
<b>Not Used</b>	<b>PER09</b>	<b>443</b>	<b>Contact Inquiry Reference</b>		<b>O</b>	<b>AN 1/20</b>
			INDUSTRY: Communication Number			
			Additional reference number or description to clarify a contact number			

<b>Segment:</b>	<b>NM1</b> Referring Provider Name
<b>Position:</b>	500
<b>Loop:</b>	2420F Optional
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required if this service line involves a referral and the referring provider is different than the rendering provider and if the referring provider differs from that reported at the claim level (loop 2310A). All payer-specific identifying numbers belong to the destination payer identified in the 2010BB loop.

When there is only one referral on the service line use code "DN - Referring Provider". When more than one referral exists and there is a requirement to report the additional referral, use code DN in the first iteration of this loop to indicate the referral received by the rendering provider on this service line. Use code "P3 - Primary Care Provider" in the second iteration of the loop to indicate the initial referral from the primary care provider or whatever provider wrote the initial referral for this patient's episode of care being billed/reported in this transaction.

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code DN Referring Provider Use on the first iteration of this loop. Use if loop is used only once. P3 Primary Care Provider Physician that is selected by the insured to provide medical care Use only if loop is used twice. Use only on second iteration of this loop.	M ID 2/3
Required	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 1 Person	M ID 1/1
Required	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name NSF Reference: FB1-10.0	O AN 1/35
Required	NM104	1036	INDUSTRY: Referring Provider Last Name <b>Name First</b> Individual first name NSF Reference: FB1-11.0  INDUSTRY: Referring Provider First Name	O AN 1/25

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<b>Situatio</b>	<b>NM105</b>	<b>1037</b>	<b>Name Middle</b> Individual middle name or initial Required if NM102=1 and the middle name/initial of the person is known.  NSF Reference: FB1-12.0	<b>O</b>	<b>AN 1/25</b>
<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	INDUSTRY: Referring Provider Middle Name <b>Name Prefix</b> Prefix to individual name	<b>O</b>	<b>AN 1/10</b>
<b>Situatio</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name Required if known.  ALIAS: Referring Provider Generation	<b>O</b>	<b>AN 1/10</b>
<b>Situatio</b>	<b>NM108</b>	<b>66</b>	INDUSTRY: Referring Provider Name Suffix <b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) Required if either Employer's Identification/Social Security Number (Referring Provider tax ID) or National Provider Identifier is known.  INDUSTRY: Identification Code Qualifier 24                      Employer's Identification Number 34                      Social Security Number The social security number may not be used for Medicare. XX                      Health Care Financing Administration National Provider Identifier	<b>X</b>	<b>ID 1/2</b>
<b>Situatio</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code Required if either Employer's Identification/Social Security Number (Referring Provider tax ID) or National Provider Identifier is known.  ALIAS: Referring Provider's Identification Number  NSF Reference: FB1-13.0, FA0-24.0	<b>X</b>	<b>AN 2/80</b>
<b>Not Used</b>	<b>NM110</b>	<b>706</b>	INDUSTRY: Referring Provider Identifier <b>Entity Relationship Code</b> Code describing entity relationship	<b>X</b>	<b>ID 2/2</b>
<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	<b>O</b>	<b>ID 2/3</b>



**Segment:** **PRV** Referring Provider Specialty Information  
**Position:** 505  
**Loop:** 2420F Optional  
**Level:** Summary  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the identifying characteristics of a provider  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:** Required if required under provider-payer contract.

PRV02 qualifies PRV03.

Data Element Summary				
	Ref.	Data		
	Des.	Element	Name	Attributes
Required	PRV01	1221	<b>Provider Code</b>	<b>M ID 1/3</b>
			Code identifying the type of provider	
			INDUSTRY: Provider Code	
			RF Referring	
Required	PRV02	128	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: <a href="http://www.wpc-edi.com">http://www.wpc-edi.com</a> . This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.	
			INDUSTRY: Reference Identification Qualifier	
			ZZ Mutually Defined	
			Health Care Provider Taxonomy Code list	
Required	PRV03	127	<b>Reference Identification</b>	<b>M AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			ALIAS: Provider Specialty Code	
			Provider Specialty Code	
			INDUSTRY: Provider Taxonomy Code	
Not Used	PRV04	156	<b>State or Province Code</b>	<b>O ID 2/2</b>
			Code (Standard State/Province) as defined by appropriate government agency	
Not Used	PRV05	C035	<b>Provider Specialty Information</b>	<b>O</b>
			To provide provider specialty information	
Not Used	C03501	1222	<b>Provider Specialty Code</b>	<b>M AN 1/3</b>
			Code indicating the primary specialty of the provider, as defined by the receiver	
Not Used	C03502	559	<b>Agency Qualifier Code</b>	<b>O ID 2/2</b>
			Code identifying the agency assigning the code values	
Not Used	C03503	1073	<b>Yes/No Condition or Response Code</b>	<b>O ID 1/1</b>
			Code indicating a Yes or No condition or response	
Not Used	PRV06	1223	<b>Provider Organization Code</b>	<b>O ID 3/3</b>
			Code identifying the organizational structure of a provider	

**Segment:** **N2 Additional Referring Provider Name Information**

**Position:** 510

**Loop:** 2420F Optional

**Level:** Summary

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b><u>Name</u></b>	<b><u>Attributes</u></b>
<b>Required</b>	<b>N201</b>	<b>93</b>	<b>Name</b> Free-form name ALIAS: Referring Provider Additional Name Information	<b>M AN 1/60</b>
<b>Not Used</b>	<b>N202</b>	<b>93</b>	<b>Name</b> INDUSTRY: Referring Provider Name Additional Text Free-form name	<b>O AN 1/60</b>

<b>Segment:</b>	<b>REF</b>	<b>Referring Provider Secondary Identification</b>
<b>Position:</b>	525	
<b>Loop:</b>	2420F	Optional
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	5	
<b>Purpose:</b>	To specify identifying information	
<b>Syntax Notes:</b>	<b>1</b> At least one of REF02 or REF03 is required. <b>2</b> If either C04003 or C04004 is present, then the other is required. <b>3</b> If either C04005 or C04006 is present, then the other is required.	
<b>Semantic Notes:</b>	<b>1</b> REF04 contains data relating to the value cited in REF02.	
<b>Comments:</b>		
<b>Notes:</b>	Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.	

Data Element Summary				
	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
			INDUSTRY: Reference Identification Qualifier	
			0B State License Number	
			1B Blue Shield Provider Number	
			1C Medicare Provider Number	
			1D Medicaid Provider Number	
			1G Provider UPIN Number	
			1H CHAMPUS Identification Number	
			EI Employer's Identification Number	
			G2 Provider Commercial Number	
			A unique number assigned to a provider by a commercial insurer	
			LU Location Number	
			N5 Provider Plan Network Identification Number	
			A number assigned to identify a specific provider in a health care plan network	
			SY Social Security Number	
			The social security number may not be used for Medicare.	
			X5 State Industrial Accident Provider Number	
<b>Required</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			INDUSTRY: Referring Provider Secondary Identifier	
<b>Not Used</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
<b>Not Used</b>	<b>REF04</b>	<b>C040</b>	<b>Reference Identifier</b>	<b>O</b>
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	
<b>Not Used</b>	<b>C04001</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>M ID 2/3</b>
			Code qualifying the Reference Identification	
<b>Not Used</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b>	<b>M AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
<b>Not Used</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X ID 2/3</b>

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			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
<b>Not Used</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Code qualifying the Reference Identification		
<b>Not Used</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

<b>Segment:</b>	<b>NM1</b> Other Payer Prior Authorization or Referral Number
<b>Position:</b>	500
<b>Loop:</b>	2420G Optional
<b>Level:</b>	Summary
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<b>1</b> If either NM108 or NM109 is present, then the other is required. <b>2</b> If NM111 is present, then NM110 is required.
<b>Semantic Notes:</b>	<b>1</b> NM102 qualifies NM103.
<b>Comments:</b>	<b>1</b> NM110 and NM111 further define the type of entity in NM101.
<b>Notes:</b>	Required when it is necessary, in COB situations, to send a payer-specific line level referral number or prior authorization number. The payer-specific numbers carried in the REF in this loop belong to the non-destination (COB) payers.

The strategy in using this loop is to use NM109 to identify which payer the prior authorization/referral number carried in the REF of this loop belongs to. For example, if there are 2 COB payers (non-destination payers) who have additional referral numbers for this service line the data string for the 2420G loop would look like this:

NM1\*PR\*2\*\*\*\*\*PI\*PAYER #1 ID~

(This payer ID would be identified in an iteration of loop 2330B in it's own 2320 loop)  
REF\*9F\*AAAAAAA~

NM1\*PR\*2\*\*\*\*\*PI\*PAYER#2 ID~

(This payer ID would also be identified in an iteration of loop 2330B in it's own 2320 loop) REF\*9F\*2BBBBBB~

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>NM101</b>	<b>98</b>	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual INDUSTRY: Entity Identifier Code PR Payer	<b>M ID 2/3</b>
<b>Required</b>	<b>NM102</b>	<b>1065</b>	<b>Entity Type Qualifier</b> Code qualifying the type of entity INDUSTRY: Entity Type Qualifier 2 Non-Person Entity	<b>M ID 1/1</b>
<b>Required</b>	<b>NM103</b>	<b>1035</b>	<b>Name Last or Organization Name</b> Individual last name or organizational name ALIAS: Payer Name INDUSTRY: Payer Name	<b>O AN 1/35</b>
<b>Not Used</b>	<b>NM104</b>	<b>1036</b>	<b>Name First</b> Individual first name	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM105</b>	<b>1037</b>	<b>Name Middle</b> Individual middle name or initial	<b>O AN 1/25</b>
<b>Not Used</b>	<b>NM106</b>	<b>1038</b>	<b>Name Prefix</b> Prefix to individual name	<b>O AN 1/10</b>
<b>Not Used</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name	<b>O AN 1/10</b>
<b>Required</b>	<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b>	<b>X ID 1/2</b>

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Code designating the system/method of code structure used for Identification Code (67)

INDUSTRY: Identification Code Qualifier

PI Payor Identification

XV Health Care Financing Administration National Payer Identification Number (PAYERID)

<b>Required</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b>	<b>X</b>	<b>AN 2/80</b>
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Code identifying a party or other code

Must match corresponding Other Payer Identifier in NM109 in 2330B loop(s).

ALIAS: Other Payer Identification

<b>Not Used</b>	<b>NM110</b>	<b>706</b>	INDUSTRY: Other Payer Identification Number <b>Entity Relationship Code</b>	<b>X</b>	<b>ID 2/2</b>
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Code describing entity relationship

<b>Not Used</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O</b>	<b>ID 2/3</b>
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Code identifying an organizational entity, a physical location, property or an individual

<b>Segment:</b>	<b>REF</b> Other Payer Prior Authorization or Referral Number
<b>Position:</b>	525
<b>Loop:</b>	2420G Optional
<b>Level:</b>	Summary
<b>Usage:</b>	Optional (Must Use)
<b>Max Use:</b>	2
<b>Purpose:</b>	To specify identifying information
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 At least one of REF02 or REF03 is required.</li> <li>2 If either C04003 or C04004 is present, then the other is required.</li> <li>3 If either C04005 or C04006 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	1 REF04 contains data relating to the value cited in REF02.
<b>Comments:</b>	
<b>Notes:</b>	Non-destination (COB) payers' provider identification number(s).

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier 9F Referral Number G1 Prior Authorization Number An authorization number acquired prior to the submission of a claim	M ID 2/3
Required	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier ALIAS: Other Payer Prior Authorization or Referral Number	X AN 1/30
Not Used	REF03	352	INDUSTRY: Other Payer Prior Authorization or Referral Number <b>Description</b> A free-form description to clarify the related data elements and their content	X AN 1/80
Not Used	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O
Not Used	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M ID 2/3
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30
Not Used	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30
Not Used	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3
Not Used	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/30

**Segment: SVD Line Adjudication Information****Position:** 540**Loop:** 2430 Optional**Level:** Summary**Usage:** Optional**Max Use:** 1**Purpose:** To convey service line adjudication information for coordination of benefits between the initial payers of a health care claim and all subsequent payers**Syntax Notes:****Semantic Notes:**

- 1 SVD01 is the payer identification code.
- 2 SVD02 is the amount paid for this service line.
- 3 SVD04 is the revenue code.
- 4 SVD05 is the paid units of service.

**Comments:** 1 SVD03 represents the medical procedure code upon which adjudication of this service line was based. This may be different than the submitted medical procedure code.

- 2 SVD06 is only used for bundling of service lines. It references the LX Assigned Number of the service line into which this service line was bundled.

**Notes:** To show unbundled lines: If, in the original claim, line 3 is unbundled into (for examples) 2 additional lines, then the SVD for line 3 is used 3 times: once for the original adjustment to line 3 and then two more times for the additional unbundled lines. If a line item control number (REF01 = 6R) exists for the line, that number may be used in SVD06 instead of the LX number when a line is unbundled.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required if claim has been previously adjudicated by payer identified in Loop 2330B and service line has adjustments applied to it.

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>SVD01</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code This number should match NM109 in Loop ID-2330B identifying Other Payer.  ALIAS: Other Payer identification code	<b>M AN 2/80</b>
<b>Required</b>	<b>SVD02</b>	<b>782</b>	INDUSTRY: Other Payer Primary Identifier <b>Monetary Amount</b> Monetary amount Zero "0" is an acceptable value for this element.  The FA0-52.0 NSF crosswalk is only used in payer-to-payer COB situations.  ALIAS: Paid Amount  NSF Reference: FA0-52.0	<b>M R 1/18</b>
<b>Required</b>	<b>SVD03</b>	<b>C003</b>	INDUSTRY: Service Line Paid Amount <b>Composite Medical Procedure Identifier</b> To identify a medical procedure by its standardized codes and applicable modifiers This element contains the procedure code that was used to pay this service line. It crosswalks from SVC01 in the 835 transmission.	<b>O</b>



<b>Required</b>	<b>C00301</b>	<b>235</b>	<p>ALIAS: Procedure identifier</p> <p><b>Product/Service ID Qualifier</b> <b>M ID 2/2</b></p> <p>Code identifying the type/source of the descriptive number used in Product/Service ID (234)</p> <p>INDUSTRY: Product or Service ID Qualifier</p> <p>HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under Medicare; primarily used for ambulatory surgical and other diagnostic departments Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.</p> <p>IV Home Infusion EDI Coalition (HIEC) Product/Service Code</p> <p>N1 National Drug Code in 4-4-2 Format 4-digit manufacturer ID, 4-digit product ID, 2-digit trade package size</p> <p>N2 National Drug Code in 5-3-2 Format 5-digit manufacturer ID, 3-digit product ID, 2-digit trade package size</p> <p>N3 National Drug Code in 5-4-1 Format 5-digit manufacturer ID, 4-digit product ID, 1-digit trade package size</p> <p>N4 National Drug Code in 5-4-2 Format 5-digit manufacturer ID, 4-digit product ID, 2-digit trade package size</p> <p>ZZ Mutually Defined Jurisdictionally Defined Procedure and Supply Codes. (Used for Worker's Compensation claims). Contact your local (State) Jurisdiction for a list of these codes.</p>	
<b>Required</b>	<b>C00302</b>	<b>234</b>	<p><b>Product/Service ID</b> <b>M AN 1/48</b></p> <p>Identifying number for a product or service</p> <p>INDUSTRY: Procedure Code</p>	
<b>Situatio</b>	<b>C00303</b>	<b>1339</b>	<p><b>Procedure Modifier</b> <b>O AN 2/2</b></p> <p>This identifies special circumstances related to the performance of the service, as defined by trading partners Use this modifier for the first procedure code modifier.</p> <p>Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.</p> <p>ALIAS: Procedure Modifier 1</p>	
<b>Situatio</b>	<b>C00304</b>	<b>1339</b>	<p>INDUSTRY: Procedure Modifier</p> <p><b>Procedure Modifier</b> <b>O AN 2/2</b></p> <p>This identifies special circumstances related to the performance of the service, as defined by trading partners Use this modifier for the second procedure code modifier.</p> <p>Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.</p> <p>ALIAS: Procedure Modifier 2</p>	
<b>Situatio</b>	<b>C00305</b>	<b>1339</b>	<p>INDUSTRY: Procedure Modifier</p> <p><b>Procedure Modifier</b> <b>O AN 2/2</b></p> <p>This identifies special circumstances related to the performance of the service,</p>	

as defined by trading partners  
Use this modifier for the third procedure code modifier.

Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.

ALIAS: Procedure Modifier 3

<b>Situatio</b>	<b>C00306</b>	<b>1339</b>	INDUSTRY: Procedure Modifier <b>Procedure Modifier</b>	<b>O AN 2/2</b>
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This identifies special circumstances related to the performance of the service, as defined by trading partners  
Use this modifier for the fourth procedure code modifier.

Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.

ALIAS: Procedure Modifier 4

<b>Situatio</b>	<b>C00307</b>	<b>352</b>	INDUSTRY: Procedure Modifier <b>Description</b>	<b>O AN 1/80</b>
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A free-form description to clarify the related data elements and their content  
Required if SVC01-7 was returned in the 835 transaction.

<b>Not Used</b>	<b>SVD04</b>	<b>234</b>	INDUSTRY: Procedure Code Description <b>Product/Service ID</b>	<b>O AN 1/48</b>
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Identifying number for a product or service

<b>Required</b>	<b>SVD05</b>	<b>380</b>	<b>Quantity</b>	<b>O R 1/15</b>
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Numeric value of quantity  
Crosswalk from SVC05 in 835 or, if not present in 835, use original billed units.

ALIAS: Paid units of service

<b>Situatio</b>	<b>SVD06</b>	<b>554</b>	INDUSTRY: Paid Service Unit Count <b>Assigned Number</b>	<b>O N0 1/6</b>
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Number assigned for differentiation within a transaction set  
Use the LX from this transaction which points to the bundled/unbundled line.

Required if payer bundled/unbundled this service line.

ALIAS: Bundled/Unbundled Line Number

INDUSTRY: Bundled or Unbundled Line Number

**Segment: CAS Line Adjustment****Position:** 545**Loop:** 2430 Optional**Level:** Summary**Usage:** Optional**Max Use:** 99**Purpose:** To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

- Syntax Notes:**
- 1 If CAS05 is present, then at least one of CAS06 or CAS07 is required.
  - 2 If CAS06 is present, then CAS05 is required.
  - 3 If CAS07 is present, then CAS05 is required.
  - 4 If CAS08 is present, then at least one of CAS09 or CAS10 is required.
  - 5 If CAS09 is present, then CAS08 is required.
  - 6 If CAS10 is present, then CAS08 is required.
  - 7 If CAS11 is present, then at least one of CAS12 or CAS13 is required.
  - 8 If CAS12 is present, then CAS11 is required.
  - 9 If CAS13 is present, then CAS11 is required.
  - 10 If CAS14 is present, then at least one of CAS15 or CAS16 is required.
  - 11 If CAS15 is present, then CAS14 is required.
  - 12 If CAS16 is present, then CAS14 is required.
  - 13 If CAS17 is present, then at least one of CAS18 or CAS19 is required.
  - 14 If CAS18 is present, then CAS17 is required.
  - 15 If CAS19 is present, then CAS17 is required.

- Semantic Notes:**
- 1 CAS03 is the amount of adjustment.
  - 2 CAS04 is the units of service being adjusted.
  - 3 CAS06 is the amount of the adjustment.
  - 4 CAS07 is the units of service being adjusted.
  - 5 CAS09 is the amount of the adjustment.
  - 6 CAS10 is the units of service being adjusted.
  - 7 CAS12 is the amount of the adjustment.
  - 8 CAS13 is the units of service being adjusted.
  - 9 CAS15 is the amount of the adjustment.
  - 10 CAS16 is the units of service being adjusted.
  - 11 CAS18 is the amount of the adjustment.
  - 12 CAS19 is the units of service being adjusted.

- Comments:**
- 1 Adjustment information is intended to help the provider balance the remittance information. Adjustment amounts should fully explain the difference between submitted charges and the amount paid.

- Notes:**
- 2 When the submitted charges are paid in full, the value for CAS03 should be zero.
- Required if the payer identified in Loop 2330B made line level adjustments which caused the amount paid to differ from the amount originally charged.

Mapping CAS information into a flat file format may involve reading specific Claim Adjustment Reason Codes and then mapping the subsequent Monetary Amount and/or Quantity elements to specific fields in the flat file.

There are some NSF COB elements which are covered through the use of the CAS segment. Please see the claim level CAS segment for a note on handling those crosswalks at the claim level. Some of that information may apply at the line level. Further information is given below which is more specific to line level issues.

Balance bill limiting charge (FA0-54.0). The adjustment for this information would be conveyed in a CAS amount element if the provider billed for more than they were allowed to under contract.

The Claim Adjustment Reason codes are located on the Washington Publishing Company web site <http://www.wpc-edi.com>.

**Data Element Summary**

Ref.	Data
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	<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>CAS01</b>	<b>1033</b>	<b>Claim Adjustment Group Code</b> Code identifying the general category of payment adjustment ALIAS: Adjustment Group Code  INDUSTRY: Claim Adjustment Group Code CO Contractual Obligations CR Correction and Reversals OA Other adjustments PI Payor Initiated Reductions PR Patient Responsibility	<b>M ID 1/2</b>
<b>Required</b>	<b>CAS02</b>	<b>1034</b>	<b>Claim Adjustment Reason Code</b> Code identifying the detailed reason the adjustment was made Use the Claim Adjustment Reason Code list (See Appendix C).  ALIAS: Adjustment Reason Code - Line Level  NSF Reference: FB3-05.0, FB3-07.0, FB3-09.0, FB3-11.0, FB3-13.0, FB3-15.0, FB3-17.0	<b>M ID 1/5</b>
<b>Required</b>	<b>CAS03</b>	<b>782</b>	INDUSTRY: Adjustment Reason Code <b>Monetary Amount</b> Monetary amount Use this amount for the adjustment amount.  ALIAS: Adjusted Amount - Line Level  NSF Reference: FA0-27.0, FA0-28.0, FA0-35.0, FA0-48.0, FB0-06.0, FB0-07.0, FB0-08.0, FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-16.0, FB3-18.0, FA0-53.0, FA0-54.0	<b>M R 1/18</b>
<b>Situatio</b>	<b>CAS04</b>	<b>380</b>	INDUSTRY: Adjustment Amount <b>Quantity</b> Numeric value of quantity Use this quantity for the units of service being adjusted.  Use as needed to show payer adjustment.  ALIAS: Adjusted Units - Line Level	<b>O R 1/15</b>
<b>Situatio</b>	<b>CAS05</b>	<b>1034</b>	INDUSTRY: Adjustment Quantity <b>Claim Adjustment Reason Code</b> Code identifying the detailed reason the adjustment was made Use as needed to show payer adjustment.  Use the Claim Adjustment Reason Code list (See Appendix C).  ALIAS: Adjustment Reason Code - Line Level  NSF Reference: FB3-05.0, FB3-07.0, FB3-09.0, FB3-11.0, FB3-13.0, FB3-15.0, FB3-17.0	<b>X ID 1/5</b>
<b>Situatio</b>	<b>CAS06</b>	<b>782</b>	INDUSTRY: Adjustment Reason Code <b>Monetary Amount</b> Monetary amount Use this amount for the adjustment amount.	<b>X R 1/18</b>

Use as needed to show payer adjustment.

ALIAS: Adjusted Amount - Line Level

NSF Reference: FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-16.0, FB3-18.0, FA0-53.0, FA0-54.0

<b>Situatio</b>	<b>CAS07</b>	<b>380</b>	INDUSTRY: Adjustment Amount <b>Quantity</b>	<b>X</b>	<b>R 1/15</b>
			Numeric value of quantity		
			Use this quantity for the units of service being adjusted.		

Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Line Level

<b>Situatio</b>	<b>CAS08</b>	<b>1034</b>	INDUSTRY: Adjustment Quantity <b>Claim Adjustment Reason Code</b>	<b>X</b>	<b>ID 1/5</b>
			Code identifying the detailed reason the adjustment was made		
			Use as needed to show payer adjustment.		

Use the Claim Adjustment Reason Code list (See Appendix C).

ALIAS: Adjustment Reason Code - Line Level

NSF Reference: FB3-05.0, FB3-07.0, FB3-09.0, FB3-11.0, FB3-13.0, FB3-15.0, FB3-17.0

<b>Situatio</b>	<b>CAS09</b>	<b>782</b>	INDUSTRY: Adjustment Reason Code <b>Monetary Amount</b>	<b>X</b>	<b>R 1/18</b>
			Monetary amount		
			Use this amount for the adjustment amount.		

Use as needed to show payer adjustment.

ALIAS: Adjusted Amount - Line Level

NSF Reference: FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-16.0, FB3-18.0, FA0-53.0, FA0-54.0

<b>Situatio</b>	<b>CAS10</b>	<b>380</b>	INDUSTRY: Adjustment Amount <b>Quantity</b>	<b>X</b>	<b>R 1/15</b>
			Numeric value of quantity		
			Use this quantity for the units of service being adjusted.		

Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Line Level

<b>Situatio</b>	<b>CAS11</b>	<b>1034</b>	INDUSTRY: Adjustment Quantity <b>Claim Adjustment Reason Code</b>	<b>X</b>	<b>ID 1/5</b>
			Code identifying the detailed reason the adjustment was made		
			Use as needed to show payer adjustment.		

Use the Claim Adjustment Reason Code list (See Appendix C).

ALIAS: Adjustment Reason Code - Line Level

NSF Reference: FB3-05.0, FB3-07.0, FB3-09.0, FB3-11.0, FB3-13.0, FB3-15.0, FB3-17.0

<b>Situatio</b>	<b>CAS12</b>	<b>782</b>	INDUSTRY: Adjustment Reason Code <b>Monetary Amount</b>	<b>X</b>	<b>R 1/18</b>
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Monetary amount

Use this amount for the adjustment amount.

Use as needed to show payer adjustment.

ALIAS: Adjusted Amount - Line Level

NSF Reference: FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-16.0, FB3-18.0, FA0-53.0, FA0-54.0

<b>Situatio</b>	<b>CAS13</b>	<b>380</b>	INDUSTRY: Adjustment Amount <b>Quantity</b>	<b>X</b>	<b>R 1/15</b>
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Numeric value of quantity

Use this quantity for the units of service being adjusted.

Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Line Level

<b>Situatio</b>	<b>CAS14</b>	<b>1034</b>	INDUSTRY: Adjustment Quantity <b>Claim Adjustment Reason Code</b>	<b>X</b>	<b>ID 1/5</b>
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Code identifying the detailed reason the adjustment was made

Use as needed to show payer adjustment.

Use the Claim Adjustment Reason Code list (See Appendix C).

ALIAS: Adjustment Reason Code - Line Level

NSF Reference: FB3-05.0, FB3-07.0, FB3-09.0, FB3-11.0, FB3-13.0, FB3-15.0, FB3-17.0

<b>Situatio</b>	<b>CAS15</b>	<b>782</b>	INDUSTRY: Adjustment Reason Code <b>Monetary Amount</b>	<b>X</b>	<b>R 1/18</b>
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Monetary amount

Use this amount for the adjustment amount.

Use as needed to show payer adjustment.

ALIAS: Adjusted Amount - Line Level

NSF Reference: FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-16.0, FB3-18.0, FA0-53.0, FA0-54.0

<b>Situatio</b>	<b>CAS16</b>	<b>380</b>	INDUSTRY: Adjustment Amount <b>Quantity</b>	<b>X</b>	<b>R 1/15</b>
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Numeric value of quantity

Use this quantity for the units of service being adjusted.

Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Line Level

INDUSTRY: Adjustment Quantity

<b>Situatio</b>	<b>CAS17</b>	<b>1034</b>	<b>Claim Adjustment Reason Code</b> <b>X ID 1/5</b> Code identifying the detailed reason the adjustment was made Use as needed to show payer adjustment.  Use the Claim Adjustment Reason Code list (See Appendix C).  ALIAS: Adjustment Reason Code - Line Level  NSF Reference: FB3-05.0, FB3-07.0, FB3-09.0, FB3-11.0, FB3-13.0, FB3-15.0, FB3-17.0
<b>Situatio</b>	<b>CAS18</b>	<b>782</b>	INDUSTRY: Adjustment Reason Code <b>Monetary Amount</b> <b>X R 1/18</b> Monetary amount Use this amount for the adjustment amount.  Use as needed to show payer adjustment.  ALIAS: Adjusted Amount - Line Level  NSF Reference: FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-16.0, FB3-18.0, FA0-53.0, FA0-54.0
<b>Situatio</b>	<b>CAS19</b>	<b>380</b>	INDUSTRY: Adjustment Amount <b>Quantity</b> <b>X R 1/15</b> Numeric value of quantity Use this quantity for the units of service being adjusted.  Use as needed to show payer adjustment.  ALIAS: Adjusted Units - Line Level  INDUSTRY: Adjustment Quantity

**Segment:** **DTP** Line Adjudication Date

**Position:** 550

**Loop:** 2430 Optional

**Level:** Summary

**Usage:** Optional (Must Use)

**Max Use:** 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
<b>Required</b>	<b>DTP01</b>	<b>374</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			573 Date Claim Paid	
<b>Required</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
			Code indicating the date format, time format, or date and time format	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
<b>Required</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
			Expression of a date, a time, or range of dates, times or dates and times	
			INDUSTRY: Adjudication or Payment Date	



<b>Segment:</b>	<b>LQ</b>	<b>Form Identification Code</b>
<b>Position:</b>	551	
<b>Loop:</b>	2440	Optional
<b>Level:</b>	Summary	
<b>Usage:</b>	Optional	
<b>Max Use:</b>	1	
<b>Purpose:</b>	Code to transmit standard industry codes	
<b>Syntax Notes:</b>	1 If LQ01 is present, then LQ02 is required.	
<b>Semantic Notes:</b>		
<b>Comments:</b>		
<b>Notes:</b>	<p>Required if the provider is required to routinely include supporting documentation (a standardized paper form) in electronic format. An example is for Medicare DMERC claims for which the provider is required to obtain a certificate of medical necessity (CMN) from the physician. Medicare or other payers may require other supporting documentation for other types of claims (e.g., home health).</p> <p>The 2440 loop is designed to allow providers to attach any type of standardized supplemental information to the claim when required to do so by the payer. The LQ segment contains information to identify the form (LQ01) and the specific form number (LQ02). In the example given below, LQ01=UT which identifies the form as a Medicare DMERC CMN form. LQ02=0102A identifies which DMERC CMN form is being used. See Appendix K and the FRM segment for further notes on use of this loop.</p> <p>Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then the LQ and FRM segments are "Required".</p> <p>Loop 2440 was approved by ASC X12 in the version 004011 Data Dictionary but is included in this guide to provide standard way to report DMERC claims within the HIPAA implementation time frame. It is recommended that entities who have a need to submit or receive DMERC claims customize their 004010 translator map to allow this loop.</p>	

Data Element Summary				
	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>LQ01</b>	<b>1270</b>	<b>Code List Qualifier Code</b>	<b>O ID 1/3</b>
			Code identifying a specific industry code list	
			ALIAS: Form Identification Code	
			INDUSTRY: Code List Qualifier Code	
			AS Form Type Code	
			Use code AS to indicate that a Home Health form is being identified.	
			UT Health Care Financing Administration (HCFA) Durable Medical Equipment Regional Carrier (DMERC) Certificate of Medical Necessity (CMN) Forms	
<b>Required</b>	<b>LQ02</b>	<b>1271</b>	<b>Industry Code</b>	<b>X AN 1/30</b>
			Code indicating a code from a specific industry code list	
			ALIAS: Form Identifier	
			NSF Reference: GU0-25.0	
			INDUSTRY: Form Identifier	

<b>Segment:</b>	<b>FRM</b>	<b>Supporting Documentation</b>
<b>Position:</b>	552	
<b>Loop:</b>	2440	Optional
<b>Level:</b>	Summary	
<b>Usage:</b>	Mandatory	
<b>Max Use:</b>	99	
<b>Purpose:</b>	To specify information in response to a codified questionnaire document	
<b>Syntax Notes:</b>	<b>1</b> At least one of FRM02 FRM03 FRM04 or FRM05 is required.	
<b>Semantic Notes:</b>		
<b>Comments:</b>		
<b>Notes:</b>	<p>The LQ segment is used to identify the general (LQ01) and specific type (LQ02) for the form being reported in the 2440. The FRM segment is used to answer specific questions on the form identified in the LQ. FRM01 is used to indicate the question being answered. Answers can take one of 4 forms: FRM02 for Yes/No questions, FRM03 for text/uncodified answers, FRM04 for answers which use dates, and FRM05 for answers which are percents. For each FRM01 (question) use a remaining FRM element, choosing the element which has the most appropriate format. One FRM segment is used for each question/answer pair.</p> <p>The example below shows how the FRM can be used to answer all the pertinent questions on DMERC form 0802 (LQ*UT*0802~). See Appendix K - Supporting Documentation Example, for a more detailed explanation of how to use the 2440 Loop.</p> <p>Loop 2440 was approved by ASC X12 in the version 004011 Data Dictionary but is included in this guide to provide standard way to report DMERC claims within the HIPAA implementation time frame. It is recommended that entities who have a need to submit or receive DMERC claims customize their 004010 translator map to allow this loop.</p>	

Data Element Summary				
	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
<b>Required</b>	<b>FRM01</b>	<b>350</b>	<b>Assigned Identification</b>	<b>M AN 1/20</b>
			Alphanumeric characters assigned for differentiation within a transaction set ALIAS: Question Number/Letter	
<b>Situatio</b>	<b>FRM02</b>	<b>1073</b>	INDUSTRY: Question Number/Letter <b>Yes/No Condition or Response Code</b>	<b>X ID 1/1</b>
			Code indicating a Yes or No condition or response FRM02, 03, 04, or 05 is required.	
			Used to answer question identified in FRM01 which utilizes a Yes/No response format.	
			ALIAS: Question Response	
			NSF Reference: GU0-26.0, GU0-27.0, GU0-28.0, GU0-29.0, GU0-30.0, GU0-31.0, GU0-32.0, GU0-33.0, GU0-34.0, GU0-35.0, GU0-36.0, GU0-37.0, GU0-38.0, GU0-39.0, GU0-40.0, GU0-43.0, GU0-44.0	
			INDUSTRY: Question Response N No W Not Applicable Y Yes	
<b>Situatio</b>	<b>FRM03</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/30</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier FRM02, 03, 04, or 05 is required.	

Used to answer question identified in FRM01 which utilizes a text or uncodified response format.

ALIAS: Question Response

NSF Reference: GU0-28.0, GU0-31.0, GU0-33.0, GU0-45.0, GU0-46.0, GU0-47.0, GU0-48.0, GU0-49.0, GU0-50.0, GU0-51.0, GU0-57.0, GU0-58.0, GU0-59.0, GU0-60.0, GU0-61.0, GU0-62.0, GU0-63.0, GU0-64.0, GU0-65.0, GU0-66.0, GU0-67.0, GU0-68.0

<b>Situatio</b>	<b>FRM04</b>	<b>373</b>	INDUSTRY: Question Response	
			<b>Date</b>	<b>X DT 8/8</b>
			Date expressed as CCYYMMDD	
			FRM02, 03, 04, or 05 is required.	

Used to answer question identified in FRM01 which utilizes a date response format.

ALIAS: Question Response

NSF Reference: GU0-53.0, GU0-54.0, GU0-55.0, GU0-56.0

<b>Situatio</b>	<b>FRM05</b>	<b>332</b>	INDUSTRY: Question Response	
			<b>Percent</b>	<b>X R 1/6</b>
			Percent expressed as a percent	
			FRM02, 03, 04, or 05 is required.	

Used to answer question identified in FRM01 which utilizes a percent response format.

ALIAS: Question Response

NSF Reference: GU0-69.0, GU0-70.0, GU0-71.0

INDUSTRY: Question Response

**Segment:** **SE** Transaction Set Trailer  
**Position:** 555  
**Loop:**  
**Level:** Summary  
**Usage:** Mandatory  
**Max Use:** 1  
**Purpose:** To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:** 1 SE is the last segment of each transaction set.

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	SE01	96	<b>Number of Included Segments</b> Total number of segments included in a transaction set including ST and SE segments ALIAS: Segment Count	<b>M N0 1/10</b>
Required	SE02	329	INDUSTRY: Transaction Segment Count <b>Transaction Set Control Number</b> Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set The Transaction Set Control Numbers in ST02 and SE02 must be identical. The Transaction Set Control Number is assigned by the originator and must be unique within a functional group (GS-GE) and interchange (ISA-IEA). This unique number also aids in error resolution research.  ALIAS: Transaction Set Control Number  INDUSTRY: Transaction Set Control Number	<b>M AN 4/9</b>